

Name  
in  
Full

Child of W A Albright 2/1/11

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |      |                        |               |   |    |             |                 |
|---|------|------------------------|---------------|---|----|-------------|-----------------|
| Died at <i>weverton</i>                               |      | Town <i>Washington</i> |               | County <i>Washington</i>                |    | MARYLAND    |                 |
| Date of death   | 1906 | Month                  | 1             | Day                                     | 10 | Age         | Years           |
| Sex   | Male |                        | Color or Race | White                                   |    | Birth-place | <i>weverton</i> |
| Occupation  |      |                        |               | Where Residing if not at place of death |    |             |                 |
| Married, Single or Widowed                            |      |                        |               | Name of Wife or Husband                 |    |             |                 |
| Father's Name <i>W A Albright</i>                     |      |                        |               | Father's Birthplace <i>Kedysville</i>   |    |             |                 |
| Mother's Maiden Name <i>Mary May Holmes</i>           |      |                        |               | Mother's Birthplace <i>weverton</i>     |    |             |                 |
| Name of person giving information <i>W A Albright</i> |      |                        |               | How related to deceased <i>Father</i>   |    |             |                 |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary  | How long                                       |
| Immediate <i>Chrush</i>  | How long <i>2 weeks</i>                        |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Undertaken White</i> |
|  | Address <i>Brunswick</i>                       |
| Accident or Suicide?   | <i>(over) Md</i>                               |

No Physician in attendance

Name  
in  
Full

Pearl Anderson

No 278

## CERTIFICATE OF DEATH

|                                       |  |                           |            |   |          |                                       |             |
|---------------------------------------|--|---------------------------|------------|---|----------|---------------------------------------|-------------|
| Died at                               |  | Town<br>Willeauport,      |            | County<br>Washington                            |          | MARYLAND                              |             |
| Date<br>of death                      |  | 1906                      | Month<br>1 | Day<br>5  | Age<br>5 | Years<br>10                           | Months<br>— |
| Sex<br>Female                         |  | Color or<br>Race<br>White |            | Birth-<br>place<br>Salisbury                    |          |                                       |             |
| Occupation<br>—                       |  |                           |            | Where Residing if not<br>at place of death<br>— |          |                                       |             |
| Married, Single<br>or Widowed         |  | Single                    |            | Name of Wife or<br>Husband<br>—                 |          |                                       |             |
| Father's<br>Name                      |  | Thomas Allen Anderson     |            |   |          | Father's<br>Birthplace<br>Shady Bower |             |
| Mother's<br>Maiden Name               |  | Daisy V. Miller           |            |   |          | Mother's<br>Birthplace<br>Marsh       |             |
| Name of person giving<br>In formation |  | Thomas A Miller           |            |   |          | How related<br>to deceased<br>Father  |             |

## CAUSES OF DEATH

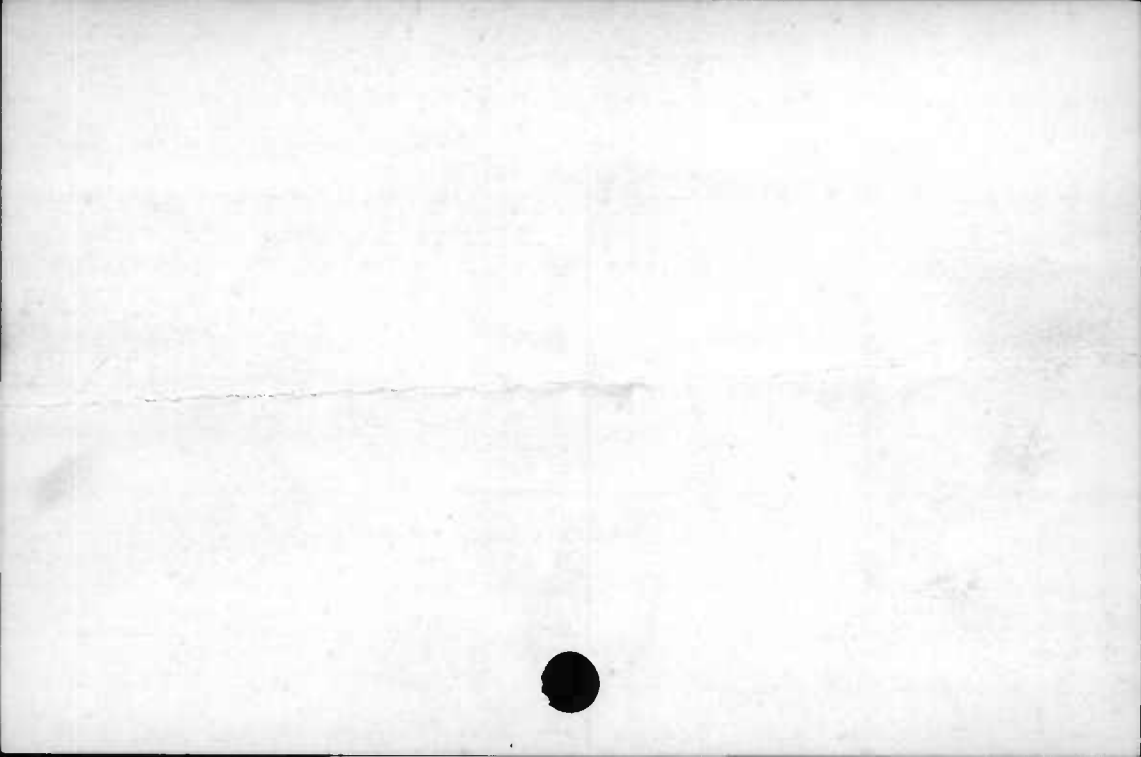
|   |            |                |        |
|---|------------|----------------|--------|
| Primary   | Septicemia | How long       | 2 days |
| Immediate   | Exhaustion | How long       | —      |
| Are the name, age, sex, color, date<br>and place correctly given above? |            | yes            |        |
| Signature of<br>Physician   |            | D. M. Shutz    |        |
| Address   |            | Willeauport Md |        |
| Accident or Suicide?  |            | —              |        |

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

11111111

|                                     |               |                     |   |                 |        |                         |             |
|-------------------------------------|---------------|---------------------|---|-----------------|--------|-------------------------|-------------|
| Name in Full                        |               | Ruth Diana Barkdoll |   |                 |        | CERTIFICATE OF DEATH    |             |
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at       |                     | Town                                    | County          |        | MARYLAND                |             |
|                                     | Bellevue      |                     | Washington                              |                 |        |                         |             |
|                                     | Date of death | 1906                | Month                                   | June            | Day    | 10                      | Age         |
|                                     |               |                     | Years                                   | 70              | Months | —                       | Days        |
|                                     |               |                     |   |                 |        |                         | 12          |
|                                     | Sex           | Female              |   | Color or Race   | white  |                         | Birth-place |
| Occupation                          | H.W.          |                     | Where Residing if not at place of death |                 |        |                         |             |
| Married, Single or Widowed          | Widow         |                     | Name of <del>Wife or</del> Husband      | George Barkdoll |        |                         |             |
| Father's Name                       | George Long.  |                     |   |                 |        | Father's Birthplace     |             |
| Mother's Maiden Name                |               |                     |   |                 |        | Mother's Birthplace     |             |
| Name of person giving information   |               |                     |   |                 |        | How related to deceased |             |

|                         |  |                     |                |          |         |
|-------------------------|--|---------------------|----------------|----------|---------|
| CAUSES OF DEATH         |  |                     |                |          |         |
| PHYSICIAN<br>OR CORONER | Primary  | Paralysis           |                | How long | 66 yrs. |
|                         | Immediate  | Senility Exhaustion |                | How long | 1 month |
|                         | Are the name, age, sex, color, date and place correctly given above? |                     | Yes            |          |         |
|                         | Signature of Physician   |                     | M. B. Moseon   |          |         |
|                         | Address  |                     | Hagerstown Md. |          |         |
| Accident or Suicide?    |  | No                  |                |          |         |



|                                     |  |  |                       |        |   |                        |                         |                 |     |
|-------------------------------------|--|--|-----------------------|--------|---|------------------------|-------------------------|-----------------|-----|
| Name in Full                        |  | Isaac D. Barnhart.   |                       |        |   | CERTIFICATE OF DEATH   |                         |                 |     |
| TO BE ANSWERED BY<br>NEAREST FRIEND |  | Died <del>at</del> near <sup>Town</sup> Hancock                      |                       | County |   | Washington             |                         |                 |     |
|                                     |  |  |                       |        |   | MARYLAND               |                         |                 |     |
|                                     |  | Date of death  | 1906                  | Month  | Jan                                     | Day                    | 9                       | Age             | 45  |
|                                     |  |  |                       |        |   | Months                 | 3                       | Days            | 22  |
|                                     |  | Sex  | Male                  |        | Color or Race                           | White                  |                         | Birth-place     | Md. |
|                                     |  | Occupation   | Farmer.               |        | Where Residing if not at place of death |                        |                         | Died at home    |     |
|                                     |  | Married, Single or Widowed   | Married               |        | Name of Wife or Husband                 |                        |                         | Cassie Barnhart |     |
|                                     |  | Father's Name  | William Barnhart.     |        |   |                        | Father's Birthplace     | Tenna.          |     |
|                                     |  | Mother's Maiden Name   | Sallie Norris.        |        |   |                        | Mother's Birthplace     | "               |     |
|                                     |  | Name of person giving information                                    | Jas. N. Barnhart.     |        |   |                        | How related to deceased | Brother         |     |
| CAUSES OF DEATH                     |  |  |                       |        |   |                        |                         |                 |     |
| PHYSICIAN<br>OR CORONER             |  | Primary  | Lobar Pneumonia       |        |   |                        | How long                | 1 week          |     |
|                                     |  | Immediate  | Congestion of kidneys |        |   |                        | How long                | 2 days          |     |
|                                     |  | Are the name, age, sex, color, date and place correctly given above? |                       | Yes    |   | Signature of Physician |                         | J. A. West      |     |
|                                     |  |  |                       |        |   | Address                |                         | Hancock         |     |
|                                     |  | Accident or Suicide?   |                       | No.    |   |                        |                         |                 |     |

45- 3-22



Name  
in  
Full

Anna M. Baughman

## CERTIFICATE OF DEATH

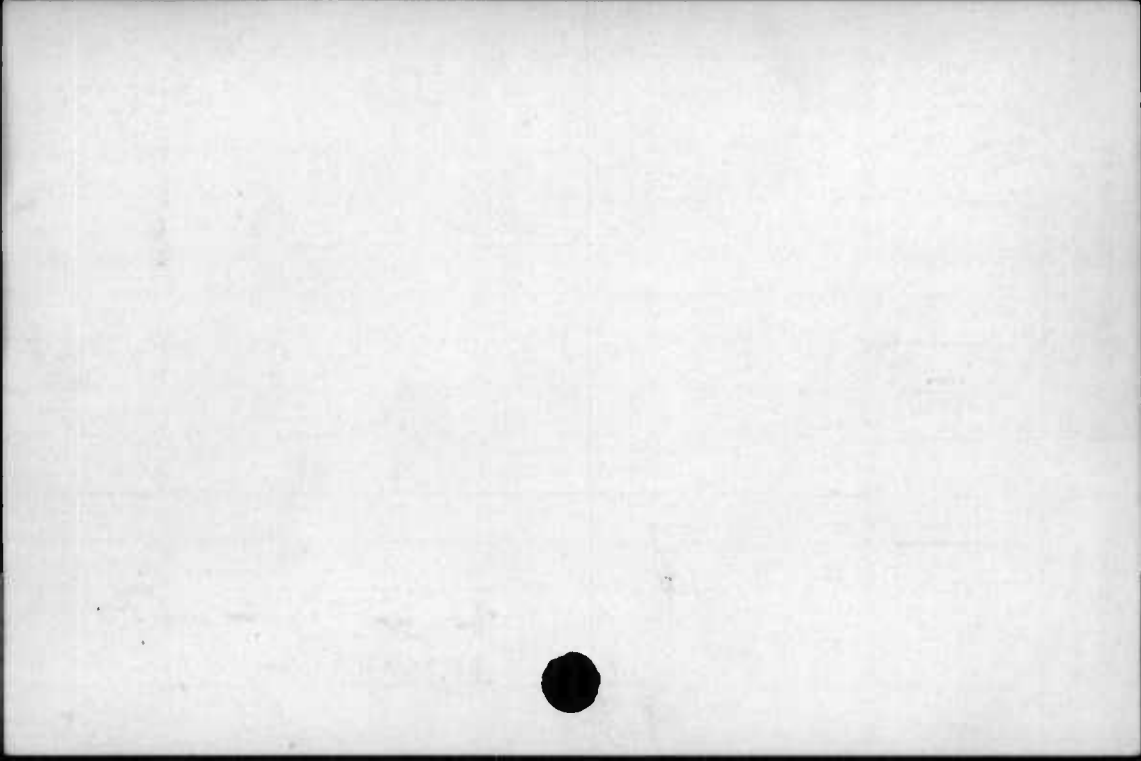
TO BE ANSWERED BY  
NEAREST FRIEND

|  |                            |                                     |  |              |                 |
|--|----------------------------|-------------------------------------|--|--------------|-----------------|
| Died at <i>Hagerstown</i> <sup>Town</sup>                |                            | <i>Washington</i> <sup>County</sup> |  | MARYLAND     |                 |
| Date of death  | 190 <i>6</i>               | Month <i>1</i>                      | Day <i>23</i>                                    | Age <i>—</i> | Years <i>—</i>  |
| Sex <i>Female</i>  | Color or Race <i>White</i> |                                     | Birth-place <i>—</i>                             |              | Months <i>4</i> |
| Occupation <i>—</i>                                      |                            |                                     | Where Residing if not at place of death <i>—</i> |              |                 |
| Married, Single or Widowed <i>—</i>                      |                            |                                     | Name of Wife or Husband <i>—</i>                 |              |                 |
| Father's Name <i>Calvin L. Baughman</i>                  |                            |                                     | Father's Birthplace <i>Wd</i>                    |              |                 |
| Mother's Maiden Name <i>Grace A. House</i>               |                            |                                     | Mother's Birthplace <i>Wd</i>                    |              |                 |
| Name of person giving information <i>Calvin Baughman</i> |                            |                                     | How related to deceased <i>Father</i>            |              |                 |

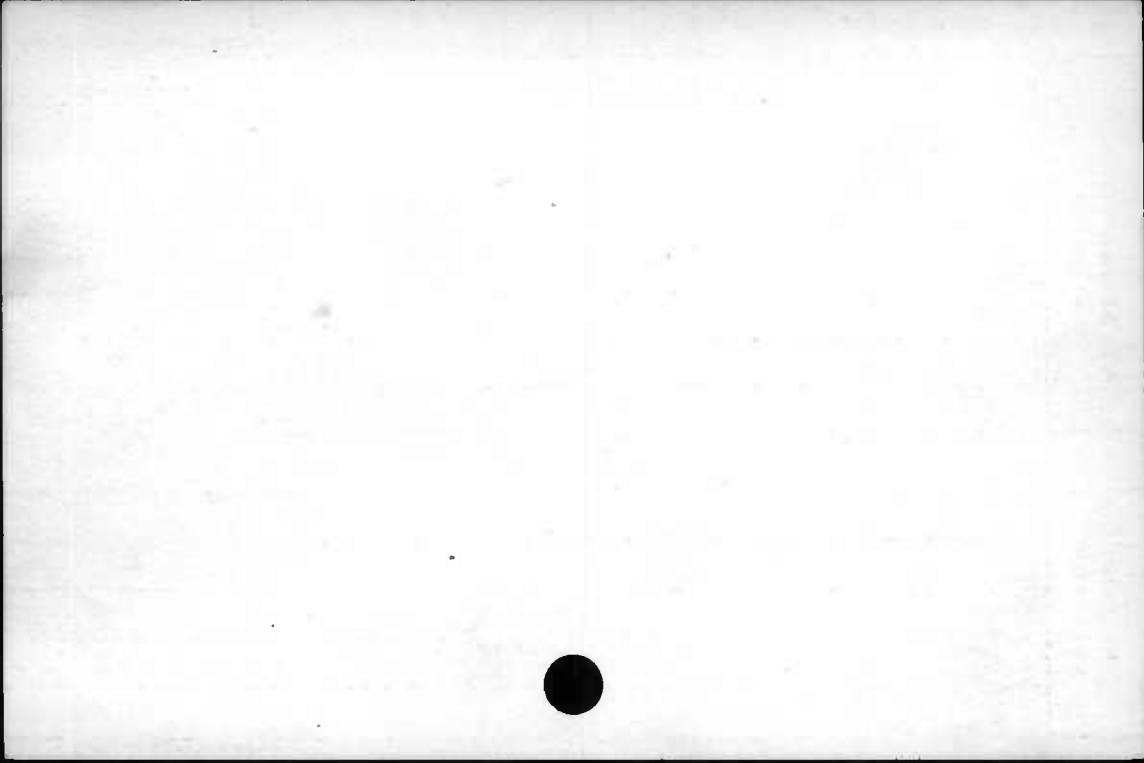
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Indigestion and malaria</i>  | How long <i>3 months</i>                       |
| Immediate <i>Coma</i>   | How long <i>3 hours</i>                        |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Mary A. Langhlin</i> |
|   | Address <i>—</i>                               |
| Accident or Suicide? <i>—</i>   | <i>✓</i>                                       |



| Name in Full   |  | CERTIFICATE OF DEATH                                      |        |                   |       |
|--|--|---|--------|-------------------|-------|
| Viola Brown  |  | Town Buena Vista  |        | County Washington |       |
| Died at  |  |   |        | MARYLAND          |       |
| Date of death  |  | Month Jan.  | Day 12 | Age 17            | Years |
| Sex Female   |  | Color or Race white                                       |        | Birth-place       |       |
| Occupation Housewife   |  | Where Residing if not at place of death At place of death |        |                   |       |
| Married, Single or Widowed   |  | Name of Wife or Husband Jos                               |        |                   |       |
| Father's Name Joseph H. Harbaugh   |  | Father's Birthplace                                       |        |                   |       |
| Mother's Maiden Name Olga Eline  |  | Mother's Birthplace                                       |        |                   |       |
| Name of person giving information  |  | How related to deceased                                   |        |                   |       |
| CAUSES OF DEATH  |  |   |        |                   |       |
| Primary Childbirth   |  | How long  |        |                   |       |
| Immediate Peritonitis  |  | How long Ten days   |        |                   |       |
| Are the name, age, sex, color, date and place correctly given above? yes |  | Signature of Physician C. Z. Wachter                      |        |                   |       |
|  |  | Address Sabillasville                                     |        |                   |       |
| Accident or Suicide?   |  | FREDERICK, MD. Md.  |        |                   |       |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *near Cave town Wash.*Date of death *1906* Month *1* Day *18* Age *64* Years Months *1* Days *17*Sex *male* Color or Race *White* Birth-place *Cave town*Occupation *Farmer* Where Residing If not at place of deathMarried, Single or Widowed *none*

Name of Wife or Husband

Father's Name *John Canliflower*

Father's Birthplace

Mother's Maiden Name *Mary A. H. Del.*

Mother's Birthplace

*Doubt Kyow*Name of person giving information *Eagle Canliflower*

How related to deceased

*Brother*

## CAUSES OF DEATH

Primary

*Consumption*

How long

*Two years*

Immediate

Are the name, age, sex, color, date and place correctly given above?

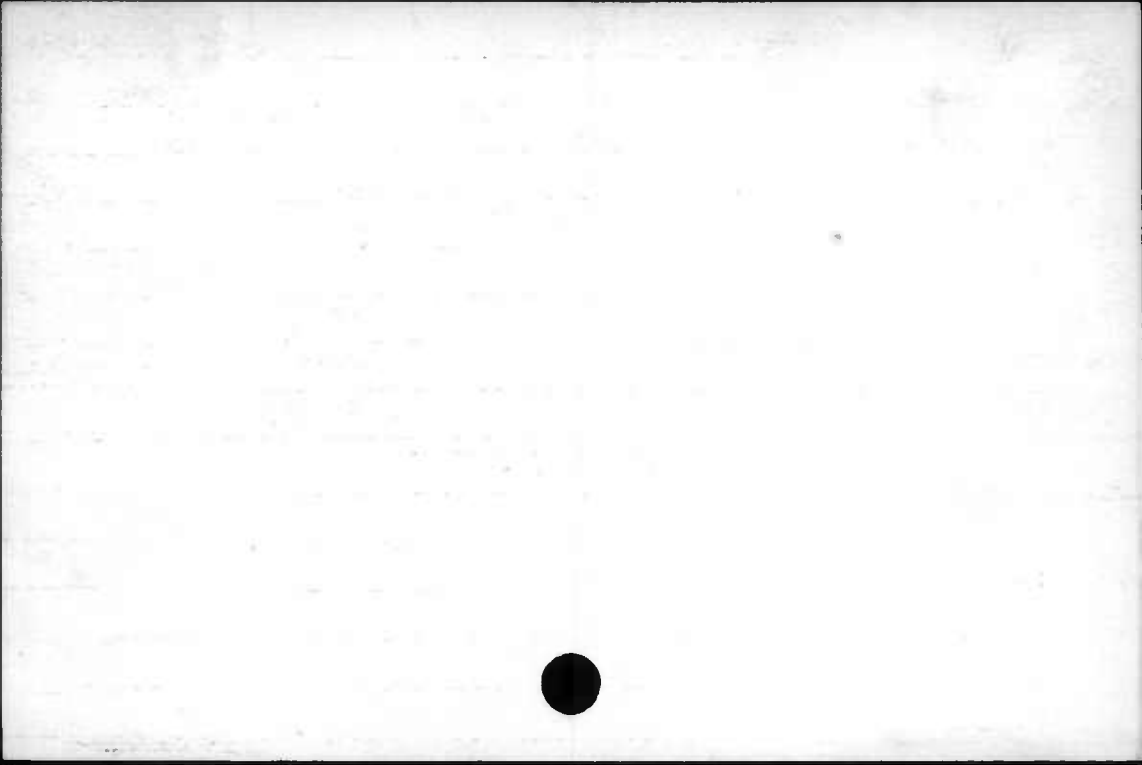
*yes*

Signature of Physician

Address

*Geo. Hoover Undertaker  
Smithsburg Md.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |   |  |                             |  |                    |  |
|---|--|---|--|-----------------------------|--|--------------------|--|
| Name in Full<br><i>Mary Catharine Sautler</i>                   |  | Town<br><i>Hagerstown</i>               |  | County<br><i>Washington</i> |  | MARYLAND           |  |
| Died at<br><i>Hagerstown</i>                                    |  | Month<br><i>7</i>                       |  | Day<br><i>17</i>            |  | Years<br><i>64</i> |  |
| Date of death<br><i>1906</i>                                    |  | Months<br><i>11</i>                     |  | Days<br><i>12</i>           |  |                    |  |
| Sex<br><i>Female</i>  |  | Color or Race<br><i>White</i>           |  | Birth-place<br><i>Ind</i>   |  |                    |  |
| Occupation<br><i>House work</i>                                 |  | Where Residing if not at place of death |  |                             |  |                    |  |
| Married, Single or Widowed<br><i>Widow</i>                      |  | Name of Wife or Husband                 |  |                             |  |                    |  |
| Father's Name<br><i>Leith Chambers</i>                          |  | Father's Birthplace<br><i>Pa</i>        |  |                             |  |                    |  |
| Mother's Maiden Name<br><i>Don't know</i>                       |  | Mother's Birthplace<br><i>Pa</i>        |  |                             |  |                    |  |
| Name of person giving information<br><i>Mrs William Kridler</i> |  | How related to deceased                 |  |                             |  |                    |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary<br><i>Paralysis</i>  | How long<br><i>1 year.</i>                     |
| Immediate<br><i>Paroxysm Exhaustion</i>  | How long<br><i>6 mos.</i>                      |
| Are the name, age, sex, color, date and place correctly given above?<br><i>Yes</i> | Signature of Physician<br><i>W. J. Moomson</i> |
|  | Address<br><i>Hagerstown Ind</i>               |
| Accident or Suicide?<br><i>No</i>  |  |





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |             |   |                 |                         |                  |
|--|-------------|---|-----------------|-------------------------|------------------|
| Died at <i>Leadsbury</i> <sup>Town</sup> |             | <i>Dickerson (mm)</i> <sup>County</sup> |                 | MARYLAND                |                  |
| Date of death                            | <i>1906</i> | Month                                   | <i>1</i>        | Day                     | <i>24</i>        |
| Age                                      |             | <i>53</i>                               | Years           | Months                  | <i>—</i>         |
| Sex                                      | <i>Male</i> | Color or Race                           | <i>White</i>    | Birth-place             | <i>Minnesota</i> |
| Occupation                               |             |   | <i>Engineer</i> |                         |                  |
| Where Residing if not at place of death  |             |   |                 |                         |                  |
| Married, Single or Widowed               |             | <i>Single</i>                           |                 |                         |                  |
| Name of Wife or Husband                  |             |   |                 |                         |                  |
| Father's Name                            |             | <i>Thomas Dickerson</i>                 |                 | Father's Birthplace     |                  |
|  |             |   |                 | <i>Pa</i>               |                  |
| Mother's Maiden Name                     |             | <i>Martha P. P. P.</i>                  |                 | Mother's Birthplace     |                  |
|  |             |   |                 | <i>Pa</i>               |                  |
| Name of person giving information        |             | <i>J. K. Dickerson</i>                  |                 | How related to deceased |                  |
|  |             |   |                 | <i>Brother</i>          |                  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                         |                        |                    |
|--|-------------------------|------------------------|--------------------|
| Primary  | <i>Killed on R Road</i> | How long               | <i>few minutes</i> |
| Immediate  |                         | How long               |                    |
| Are the name, age, sex, color, date and place correctly given above? |                         | Signature of Physician |                    |
| <i>Yes</i>   |                         | <i>C. R. Schell</i>    |                    |
|  |                         | Address                |                    |
|  |                         | <i>Wagonsburg</i>      |                    |
|  |                         | <i>MD</i>              |                    |
| Accident or Suicide?   |                         |                        |                    |



Name  
in  
Full

## CERTIFICATE OF DEATH

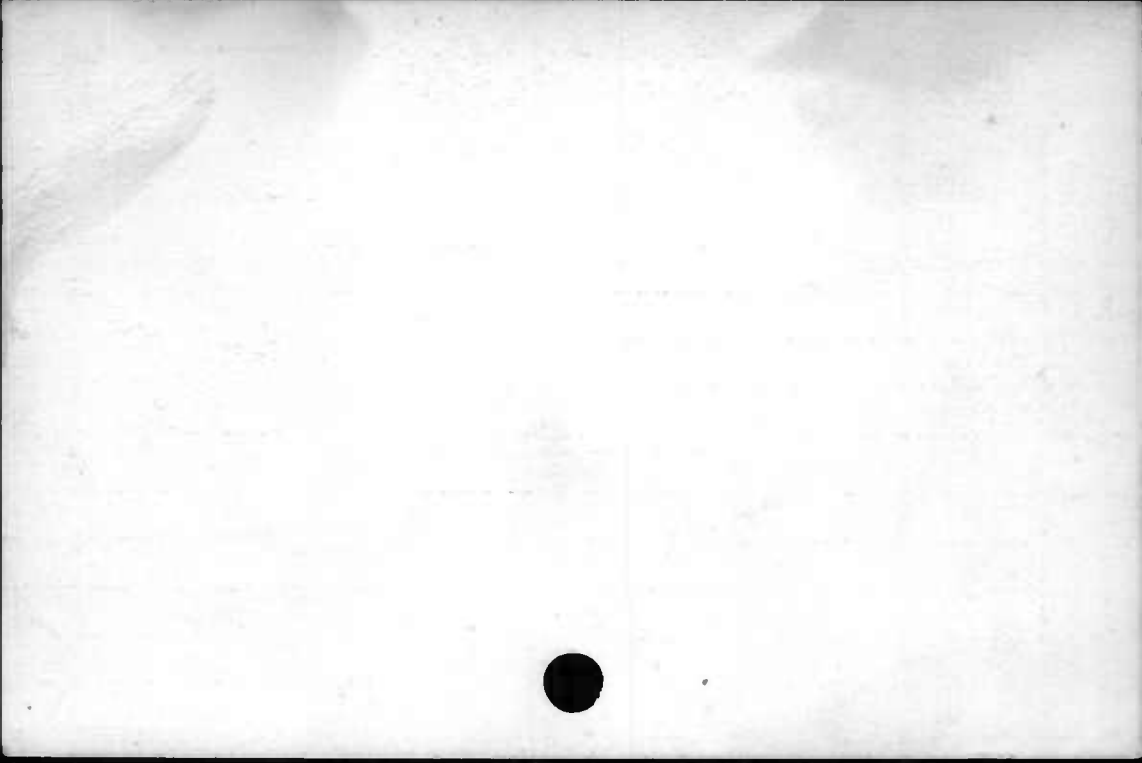
TO BE ANSWERED BY  
NEAREST FRIEND

|  |   |
|--|---|
| Died at <sup>Town</sup> <i>Leitersburg</i> <sup>County</sup> <i>Washington</i> <b>MARYLAND</b>   |   |
| Date of death <b>1906</b> <sup>Month</sup> <i>Jan</i> <sup>Day</sup> <i>24th</i> <sup>Years</sup> <i>67</i> <sup>Months</sup> <i>10</i> <sup>Days</sup> <i>7</i> |   |
| Sex <i>Male</i> Color or Race <i>White</i>   | Birth-place <i>Leitersburg, Md.</i>           |
| Occupation <i>Farmer</i>   | Where Residing if not at place of death _____ |
| Married, Single or Widowed <i>Widowed</i>  | Name of Wife or Husband _____                 |
| Father's Name <i>Isaac H. Durborow</i>   | Father's Birthplace <i>Penn</i>               |
| Mother's Maiden Name <i>Catharine Winters</i>  | Mother's Birthplace <i>Leitersburg Md.</i>    |
| Name of person giving information <i>Wm. L. Wishard</i>  | How related to deceased <i>Daughter</i>       |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Heart Disease</i>  | How long <i>Three years</i>                 |
| Immediate <i>Heart Disease &amp; Dropsy</i>                                     | How long <i>Six weeks</i>                   |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>J. H. Wishard</i> |
|   | Address <i>Leitersburg, Md.</i>             |
| Accident or Suicide?  |   |



Name  
in  
Full

CERTIFICATE OF DEATH

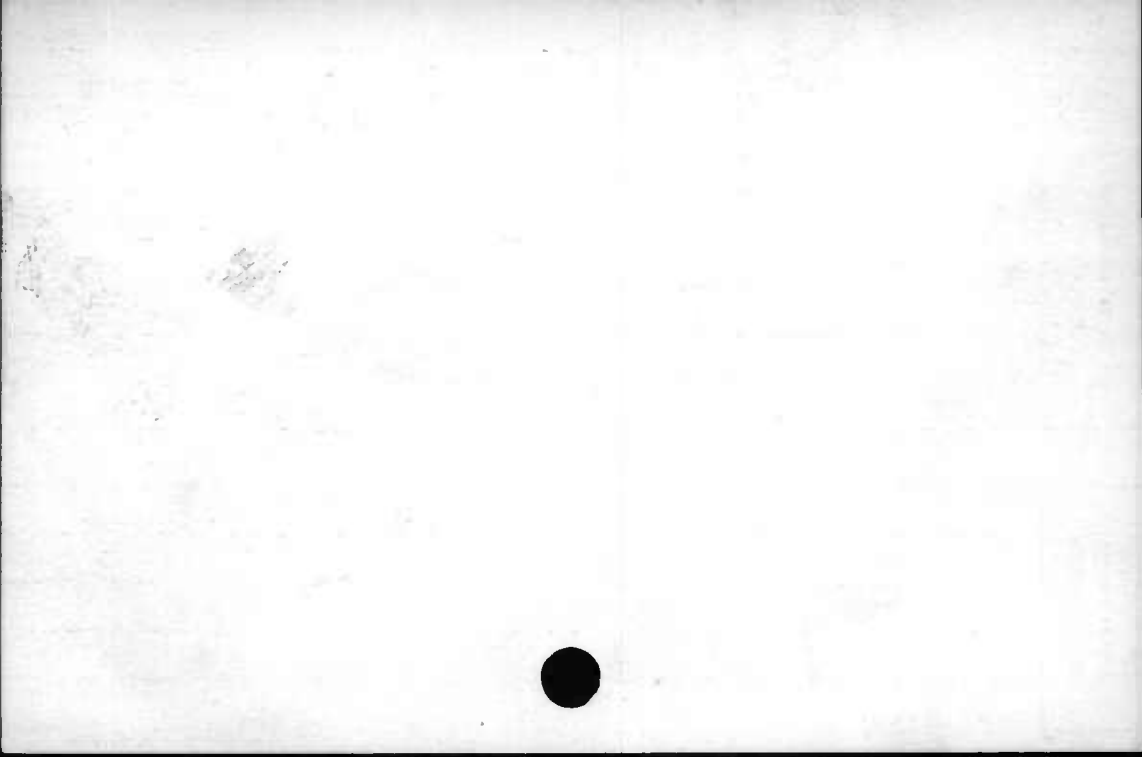
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |               |            |                         |                    |   |             |                         |          |        |                 |      |   |
|-----------------------------------|---------------|------------|-------------------------|--------------------|---|-------------|-------------------------|----------|--------|-----------------|------|---|
| Died at                           |               | Smithsburg |                         | Washington         |   | County      |                         | MARYLAND |        |                 |      |   |
| Date of death                     | 1906          | Month      | Jan                     | Day                | 3rd                                     | Years       | Age                     | 68       | Months | 4               | Days | 5 |
| Sex                               | Female        |            | Color or Race           | White              |   | Birth place | Saneystown, Md.         |          |        |                 |      |   |
| Occupation                        | Housewife     |            |                         |                    | Where Residing if not at place of death |             |                         |          |        |                 |      |   |
| Married, Single or Widowed        | Married       |            | Name of Wife or Husband | Daniel W. Durbanow |   |             |                         |          |        |                 |      |   |
| Father's Name                     | James S. Lick |            |                         |                    |   |             | Father's Birthplace     |          |        |                 |      |   |
| Mother's Maiden Name              | Mary A. Haugh |            |                         |                    |   |             | Mother's Birthplace     |          |        | Saneystown, Md. |      |   |
| Name of person giving information | Daughter      |            |                         |                    |   |             | How related to deceased |          |        | Mamie Wishard   |      |   |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                           |                        |          |            |
|--|---------------------------|------------------------|----------|------------|
| Primary  | Cancer of Breast (43)     |                        | How long | 18 months  |
| Immediate  | Cancer of Stomach & Liver |                        | How long | Six months |
| Are the name, age, sex, color, date and place correctly given above? |                           | Signature of Physician |          |            |
|  |                           | Address                |          |            |
|  |                           | J. H. Wishard          |          |            |
|  |                           | Leitersburg,           |          |            |
|  |                           | Md.                    |          |            |
| Accident or Suicide?   |                           |                        |          |            |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |               |               |   |        |                         |            |  |
|-----------------------------------|---------------|---------------|---|--------|-------------------------|------------|--|
| Died at                           |               | Town          |   | County |                         | MARYLAND   |  |
| Date of death                     |               | Month         | Day                                     | Years  | Months                  | Days       |  |
| 1906                              |               | June          | Friday                                  | 54     | 5                       | 9          |  |
| Sex                               | Male          | Color or Race | White                                   |        | Birth-place             | Greenville |  |
| Occupation                        | Murchard.     |               | Where Residing if not at place of death |        | Frankston               |            |  |
| Married, Single or Widowed        | Single        |               | Name of Wife or Husband                 |        | Jacob Winfield Glass    |            |  |
| Father's Name                     | Jacob Glass   |               |   |        | Father's Birthplace     | Greenville |  |
| Mother's Maiden Name              | Sarah Guthrie |               |   |        | Mother's Birthplace     | Chester Pa |  |
| Name of person giving information |               |               |   |        | How related to deceased |            |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |           |                        |                |
|--|-----------|------------------------|----------------|
| Primary  | Pneumonia | How long               | 7 hours        |
| Immediate  | Embolism  | How long               | 12 hours       |
| Are the name, age, sex, color, date and place correctly given above? |           | Signature of Physician | C. J. Thompson |
| Yes  |           | Address                | Frankston Md   |
| Accident or Suicide?   |           |                        |                |

July 4. 1850

Ylcers



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |   |                               |                                 |
|---|---|-------------------------------|---------------------------------|
| Died at <b>Sharpsburg</b> <sup>Town</sup> <b>Washington</b> <sup>County</sup> |   | MARYLAND                      |                                 |
| Date of death <b>1906</b>   | Month <b>Jan</b>  | Day <b>21</b>                 | Age <b>76</b>                   |
| Sex <b>Male</b>   | Color or Race <b>White</b>                                | Birth-place <b>Sharpsburg</b> | Months <b>10</b> Days <b>19</b> |
| Occupation <b>Carpenter</b>   | Where Residing if not at place of death <b>Sharpsburg</b> |                               |                                 |
| Married, Single or Widowed <b>Widowed</b>                                     | Name of Wife or Husband <b>Helen Boyd.</b>                |                               |                                 |
| Father's Name <b>Jacob Highbarger</b>   | Father's Birthplace <b>Sharpsburg</b>                     |                               |                                 |
| Mother's Maiden Name <b>Margaret Bowers</b>                                   | Mother's Birthplace <b>"</b>                              |                               |                                 |
| Name of person giving Information <b>Robt L. Highbarger</b>                   | How related to deceased <b>Son</b>                        |                               |                                 |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <b>Pituitary Gland - Hypertrophy</b>                                    | How long <b>19</b> Years                    |
| Immediate   | How long                                    |
| Are the name, age, sex, color, date and place correctly given above? <b>Yes</b> | Signature of Physician <b>E. M. Gurnett</b> |
|   | Address <b>Sharpsburg, Md.</b>              |
| Accident or Suicide?  |   |

Chas. S. Wade,  
Undertaker

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at *Hagerstown*County *Wash*

Date

of death 190

Month *1*Day *21*

Age

Years *56*

Months

Days

Sex

Occupation

*Female*Color or  
Race*White*Birth-  
place*Md.*Where Residing if not  
at place of deathMarried, Single  
or Widowed*married*Name of ~~Wife or~~  
Husband*Ceyton Johnson*Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
Information*Jacob Sales*How related  
to deceased*brother*

## CAUSES OF DEATH

Primary

*Pneumonia*

How long

*3 weeks*

Immediate

*Pneumonia*

How long

*3 weeks*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*E. M. Schindel, M. D.*

Address

*Hagerstown, Md.*

Accident or Suicide?



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Eight

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Paralysis

Death

Immediate

Heart Failure

How long sick

10 days

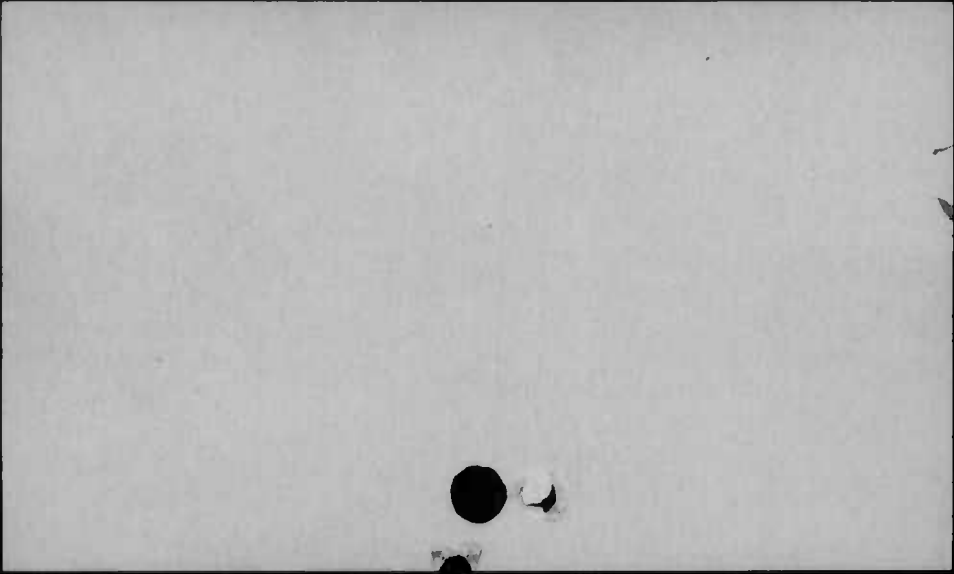
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name  
in  
Full

## CERTIFICATE OF DEATH

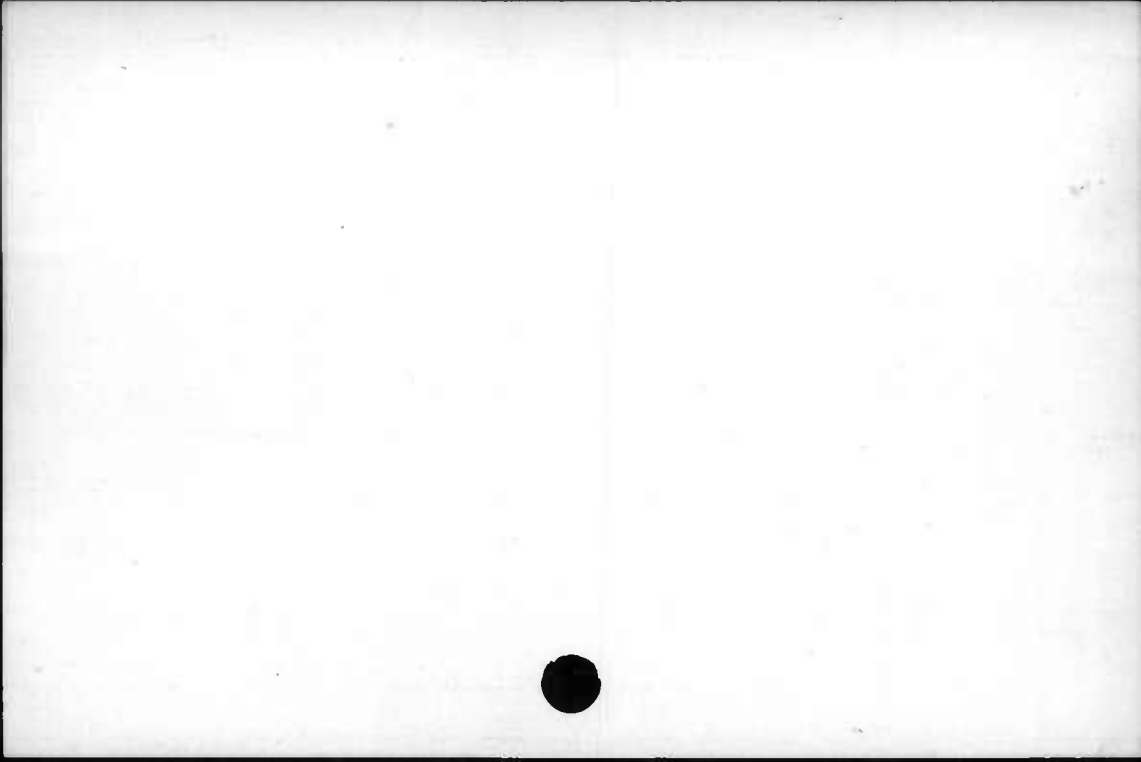
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |              |              |                            |           |                            |            |
|--|--|--------------|--------------|----------------------------|-----------|----------------------------|------------|
| Name<br>in<br>Full                         |  | Town         |              | County                     |           | MARYLAND                   |            |
| Died at                                    |  | Telghmanton  |              | Wash                       |           |                            |            |
| Date<br>of death                           |  | 1906         | Month<br>Jan | Day<br>10                  | Age<br>52 | Months<br>10               | Days<br>10 |
| Sex  |  | Female       |              | Color or<br>Race           |           | White                      |            |
| Occupation                                 |  | House wife   |              | Birth-<br>place            |           | Telghmanton                |            |
| Where Residing if not<br>at place of death |  |              |              |                            |           |                            |            |
| Married, Single<br>or Widowed              |  | married      |              | Name of Wife or<br>Husband |           | Simon Kindle               |            |
| Father's<br>Name                           |  | Daniel Smith |              |                            |           | Father's<br>Birthplace     |            |
| Mother's<br>Maiden Name                    |  | Mary Smith   |              |                            |           | Telghmanton                |            |
| Name of person giving<br>In formation      |  | Simon Kindle |              |                            |           | Mother's<br>Birthplace     |            |
|  |  |              |              |                            |           | Telghmanton                |            |
|  |  |              |              |                            |           | How related<br>to deceased |            |
|  |  |              |              |                            |           | Husband                    |            |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |                        |                |         |
|---|------------------------|----------------|---------|
| Primary   | Valvular Heart Disease | How long       | 2 years |
| Immediate   | Sudden Heart Failure   | How long       | Sudden  |
| Are the name, age, sex, color, date<br>and place correctly given above? |                        | Yes            |         |
| Signature of<br>Physician   |                        | b. M. Reichard |         |
| Address   |                        | Fairplay       |         |
| Accident or Suicide?  |                        | Md.            |         |





Name  
in  
Full

Louis H. McCormac

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Wash

Date of death 1906 Month 1 Day 18 Age 79 Years Months 4 Days 22

Sex male Color or Race white Birth-place Md.

Occupation Asst. Postmaster Where Residing if not at place of death

Married, Single or Widowed married Name of Wife Mrs Mary A Culbertson McCormac

Father's Name Rev. Jas. O. McCormac Father's Birthplace Md.

Mother's Maiden Name Susan Fectig Mother's Birthplace "

Name of person giving information Mrs. Wm Hammond How related to deceased daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

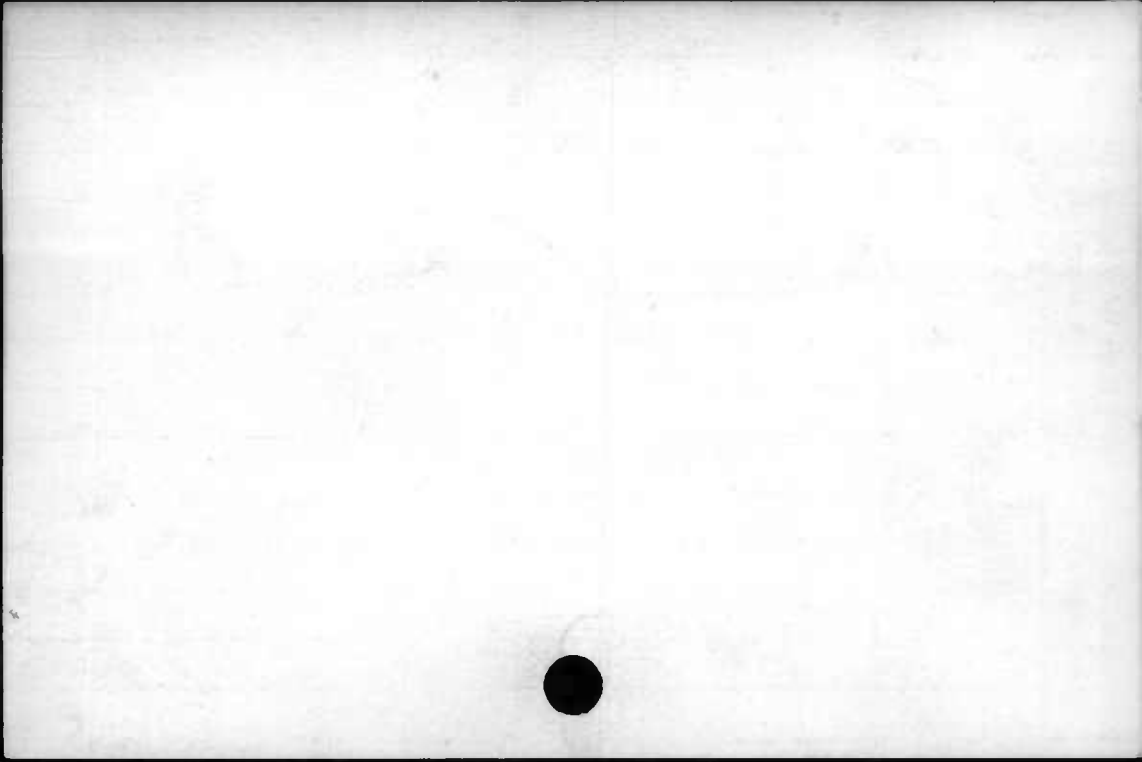
Primary Mitral insufficiency 19 How long several years

Immediate Macular degeneration 45 hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician O. W. Payne

Address Hagerstown, Md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

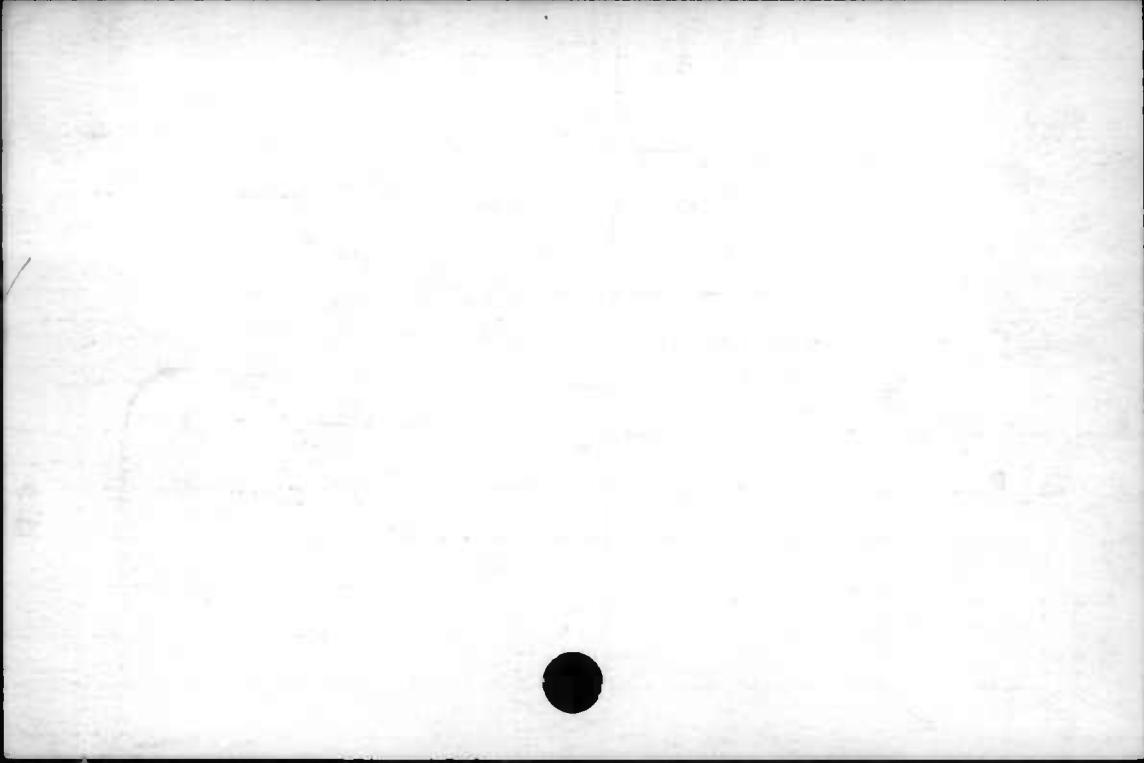
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                 |               |   |             |                         |                 |  |
|-----------------------------------|-----------------|---------------|---|-------------|-------------------------|-----------------|--|
| Francis Merl Martz                |                 | Town          |   | County      |                         | MARYLAND        |  |
| Died at Ringgold                  |                 | Washington    |   |             |                         |                 |  |
| Date                              | Month           | Day           | Age                                     | Years       | Months                  | Days            |  |
| of death 1906                     | 1               | 15            |   |             | 2                       |                 |  |
| Sex                               | male            | Color or Race | white                                   | Birth place | Ringgold                |                 |  |
| Occupation                        |                 |               | Where Residing if not at place of death |             | Ringgold, Md.           |                 |  |
| Married, Single or Widowed        | —               |               | Name of Wife or Husband                 |             | —                       |                 |  |
| Father's Name                     | Samuel F. Martz |               |   |             | Father's Birthplace     | Mapleville, Md. |  |
| Mother's Maiden Name              | Mary E. Bowser  |               |   |             | Mother's Birthplace     | Beaver Creek    |  |
| Name of person giving information | Samuel F. Martz |               |   |             | How related to deceased | Father          |  |

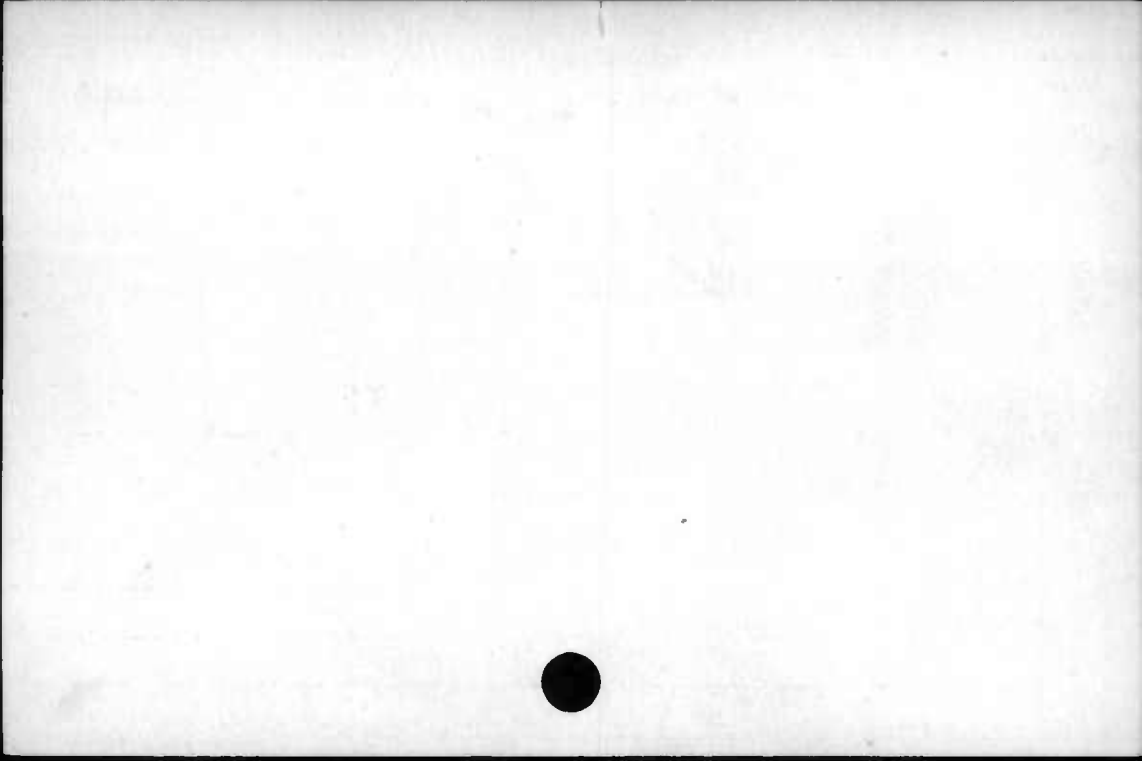
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

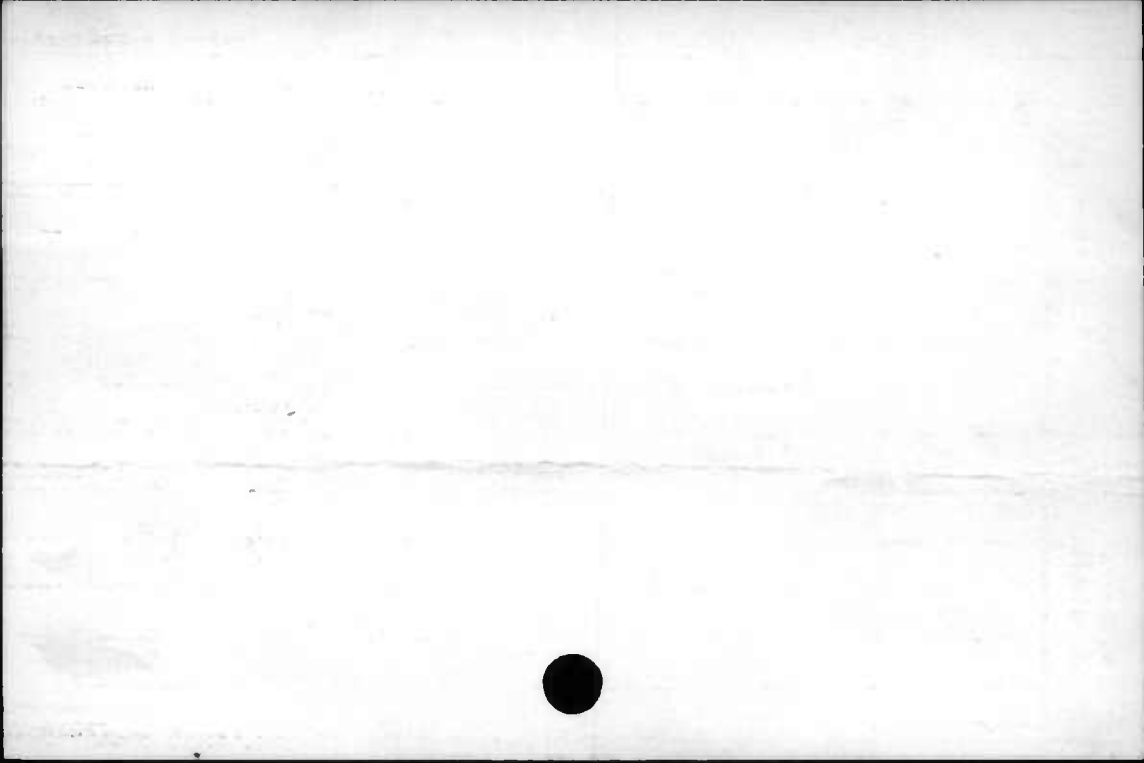
|  |                              |                        |                 |
|--|------------------------------|------------------------|-----------------|
| Primary  | Gastric Intestinal Enteritis | How long               | Twenty one days |
| Immediate  | Pneumonia                    | How long               | Two days        |
| Are the name, age, sex, color, date and place correctly given above? | yes                          | Signature of Physician | R. P. Laughlin  |
|  |                              | Address                | Waynesboro      |
| Accident or Suicide?   |                              |                        |                 |



| Name in Full   |  | Bertie Alice Mathews |             |                     |                        | CERTIFICATE OF DEATH    |                          |        |
|--|--|----------------------|-------------|---------------------|------------------------|-------------------------|--------------------------|--------|
| TO BE ANSWERED BY<br>NEAREST FRIEND                    | Died at  |                      | Brownsville |                     | County                 |                         | Washington               |        |
|  | Date of death 1906   |                      | Month       | 1                   | Day                    | 24                      | Years                    | 20     |
|  |  |                      |             |                     |                        |                         | Months                   | 8      |
|  |  |                      |             |                     |                        |                         | Days                     | 23     |
|  | Sex  | Female               |             | Color or Race       | African                |                         | Birth-place              | Mo     |
|  | Marrd, Single or Widowed   | Single               |             | Occupation          |                        | Washer-woman            |                          |        |
|  | Name of Wife or Husband  |                      | None        |                     |                        |                         |                          |        |
|  | Father's Name  |                      |             |                     | Father's Birthplace    |                         |                          |        |
| Mother's Maiden Name                                   |  | Sarah Mathews        |             | Mother's Birthplace |                        | Mo                      |                          |        |
| Name of person giving information                      |  | "                    |             | "                   |                        | How related to deceased |                          | Mother |
| <div style="text-align: center;">CAUSES OF DEATH</div> |  |                      |             |                     |                        |                         |                          |        |
| PHYSICIAN<br>OR CORONER                                | Primary  | Uremic Poisoning     |             |                     |                        | How long                | 2 Months                 |        |
|  | Immediate  | Uremic Spasms        |             |                     |                        | How long                | 10 Hours                 |        |
|  | Are the name, age, sex, color, date and place correctly given above? |                      | Yes         |                     | Signature of Physician |                         | J. T. Fortie,            |        |
|  |  |                      |             |                     | Address                |                         | Brownsville,<br>Maryland |        |
|  | Accident or Suicide?   |                      | 2           |                     |                        |                         |                          |        |

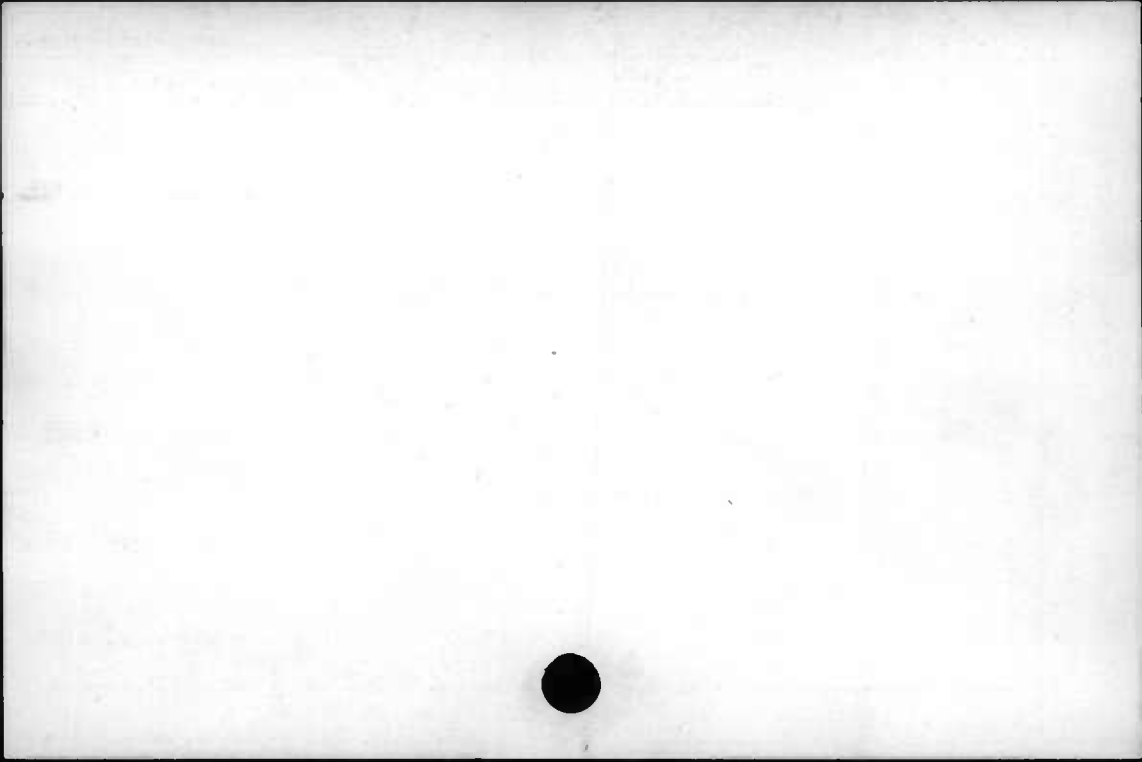


|                                     |  |  |  |  |               |   |                 |                |
|-------------------------------------|--|--|--|--|---------------|---|-----------------|----------------|
| Name<br>in<br>Full                  |  | John Elmer Miner   |  |  |               | CERTIFICATE OF DEATH                        |                 |                |
| TO BE ANSWERED BY<br>NEAREST FRIEND |  | Died at <i>New Lutesburg</i>   |  | Town <i>Washington</i>                             |               | County <i>MARYLAND</i>                      |                 |                |
|                                     |  | Date of death <i>1906</i>  |  | Month <i>1</i>                                     | Day <i>31</i> | Years <i>49</i>                             | Months <i>2</i> | Days <i>13</i> |
|                                     |  | Sex <i>Male</i>  |  | Color or Race <i>White</i>                         |               | Birth-place <i>New Lutesburg</i>            |                 |                |
|                                     |  | Occupation <i>Laborer</i>  |  | Where Residing if not at place of death <i>" "</i> |               |   |                 |                |
|                                     |  | <del>Married, Single or Widowed</del>                                |  | Name of Wife or Husband <i>None</i>                |               |   |                 |                |
| PHYSICIAN<br>OR CORONER             |  | Father's Name <i>Geo. Miner</i>                                      |  |  |               | Father's Birthplace <i>" "</i>              |                 |                |
|                                     |  | Mother's Maiden Name <i>Lillian Forkle</i>                           |  |  |               | Mother's Birthplace <i>Smithsburg</i>       |                 |                |
|                                     |  | Name of person giving information <i>Geo. Layman</i>                 |  |  |               | How related to deceased <i>" "</i>          |                 |                |
|                                     |  | CAUSES OF DEATH  |  |  |               |   |                 |                |
| PHYSICIAN<br>OR CORONER             |  | Primary <i>Enlarged Prostate</i>                                     |  |  |               | How long <i>four years</i>                  |                 |                |
|                                     |  | Immediate  |  |  |               | How long                                    |                 |                |
|                                     |  | Are the name, age, sex, color, date and place correctly given above? |  |  |               | Signature of Physician <i>J. H. Wishard</i> |                 |                |
|                                     |  |  |  |  |               | Address <i>" "</i>                          |                 |                |
|                                     |  | Accident or Suicide?   |  |  |               |   |                 |                |





| Name in Full                        |  | CERTIFICATE OF DEATH   |   |                         |                        |                   |
|-------------------------------------|--|------------------------|---|-------------------------|------------------------|-------------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND | Henry Moats.   |                        | Tilghmanton                             |                         | County Wash —          |                   |
|                                     | Died at  |                        | Tilghmanton                             |                         | MARYLAND               |                   |
|                                     | Date of death  | 1906                   | Month Jan                               | Day 9                   | Age 73                 |                   |
|                                     | Sex Male   |                        | Color or Race White                     | Birthplace Tilghmanton  | Months 10              |                   |
|                                     | Occupation Farmer  |                        | Where Residing if not at place of death |                         |                        |                   |
|                                     | Married, Single or Widowed   | Married                | Name of Wife or Husband                 | Elizabeth Moats.        |                        |                   |
|                                     | Father's Name  | Elias Moats.           |   | Father's Birthplace     | Tilghmanton            |                   |
|                                     | Mother's Maiden Name   | Rebecca Mausburg.      |   | Mother's Birthplace     | Not known.             |                   |
| Name of person giving information   |  | Isaiah Moats.          |   | How related to deceased | Son.                   |                   |
| CAUSES OF DEATH                     |  |                        |   |                         |                        |                   |
| PHYSICIAN OR CORONER                | Primary  | Heart Disease & Dropsy |   | How long                | Several months         |                   |
|                                     | Immediate  | Heart Failure          |   | How long                | Short time             |                   |
|                                     | Are the name, age, sex, color, date and place correctly given above? |                        | Yes                                     |                         | Signature of Physician | S. Howell Gardner |
|                                     |  |                        | Address                                 |                         | Sharpsburg Md          |                   |
|                                     | Accident or Suicide?   |                        |   |                         |                        |                   |



Name  
in  
Full

Cesto Modestino

No 279

## CERTIFICATE OF DEATH

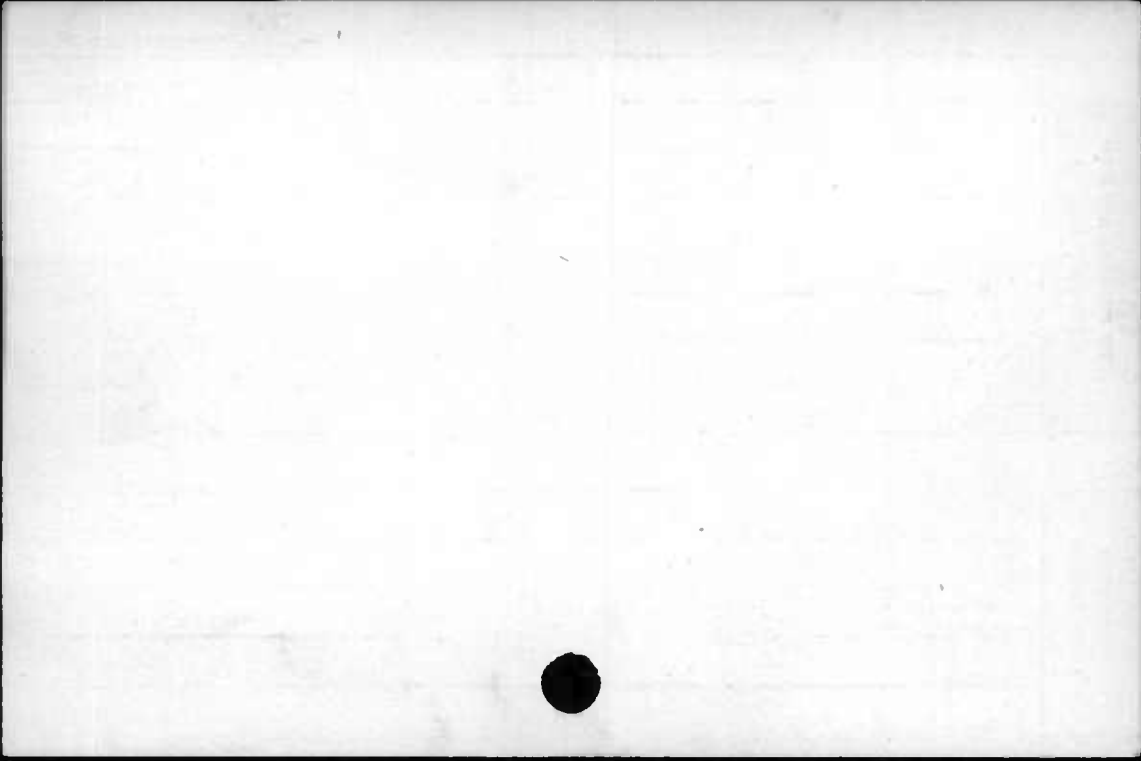
TO BE ANSWERED BY  
NEAREST FRIEND

|  |                              |                          |   |          |        |
|--|------------------------------|--------------------------|---|----------|--------|
| Died at <u>Pineburg</u> Town                       |                              | <u>Washington</u> County |   | MARYLAND |        |
| Date of death <u>1906</u>                          | Month <u>Jan.</u>            | Day <u>3</u>             | Age <u>23</u>                           | Years    | Months |
| Sex <u>Male</u>                                    | Color or Race <u>Italian</u> |                          | Birthplace <u>Italy</u>                 |          |        |
| Occupation <u>Laborer</u>                          |                              |                          | Where Residing if not at place of death |          |        |
| Married, Single or Widowed <u>Single</u>           |                              | Name of Wife or Husband  |   |          |        |
| Father's Name                                      |                              |                          | Father's Birthplace <u>Italy</u>        |          |        |
| Mother's Maiden Name                               |                              |                          | Mother's Birthplace <u>Italy</u>        |          |        |
| Name of person giving information <u>Joe Amada</u> |                              |                          | How related to deceased <u>Friend</u>   |          |        |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <u>Acute alcoholism</u>   | How long <u>10 days</u>                   |
| Immediate <u>Hypertensive Pneumonia</u>   | How long <u>30 hours</u>                  |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>L. M. Hertz</u> |
|   | Address <u>St. Louis Post-Office</u>      |
| Accident or Suicide?  |   |



Name  
in  
Full

Millard F. Moore.

## CERTIFICATE OF DEATH

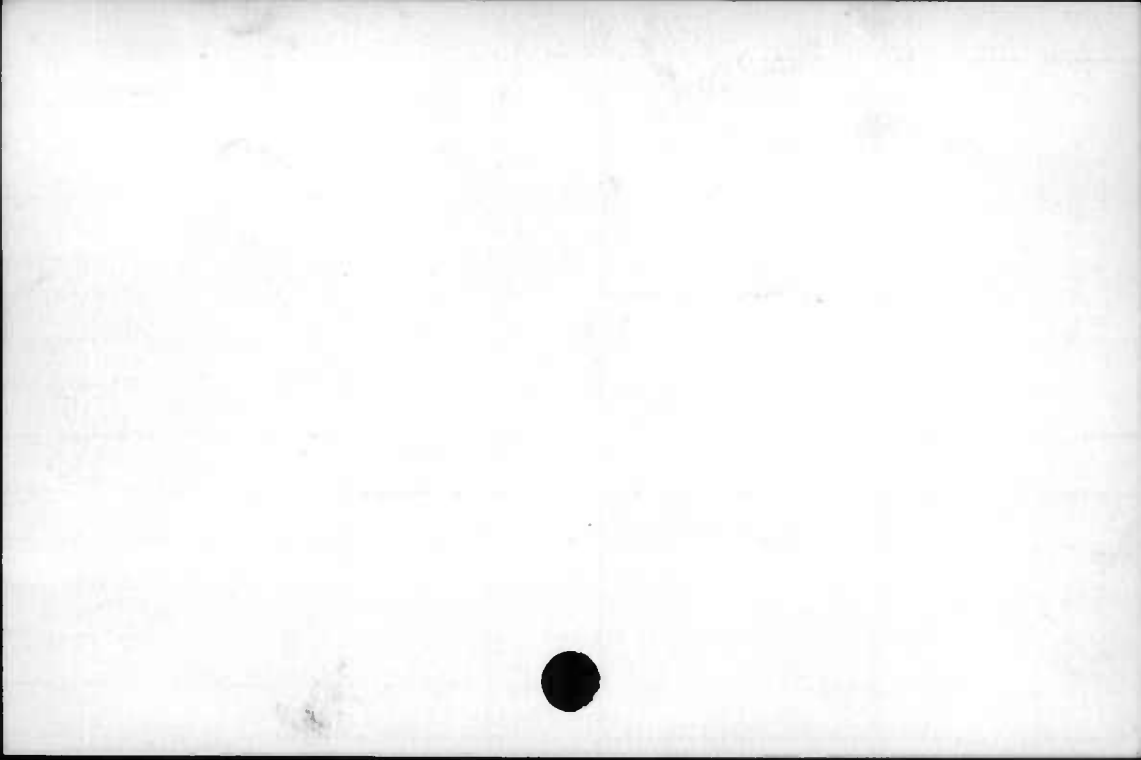
TO BE ANSWERED BY  
NEAREST FRIEND

|  |                            |  |                            |                |                 |
|--|----------------------------|--|----------------------------|----------------|-----------------|
| Died at <i>Smithsburg</i> <sup>Town</sup>            |                            | <i>Washington</i> <sup>County</sup>  |                            | MARYLAND       |                 |
| Date of death <i>1906</i>                            | Month <i>1</i>             | Day <i>17</i>  | Age <i>50</i>              | Years <i>4</i> | Months <i>6</i> |
| Sex <i>Male</i>                                      | Color or Race <i>White</i> |  | Birth-place <i>Indiana</i> |                |                 |
| Occupation <i>Blacksmith</i>                         |                            | Where Residing if not at place of death <i>Smithsburg Md</i>                   |                            |                |                 |
| Married, Single or Widowed                           |                            | Name of Wife or Husband <i>Annie Moore</i> <input checked="" type="checkbox"/> |                            |                |                 |
| Father's Name <i>Hamilton D. Moore</i>               |                            | Father's Birthplace <i>Indiana</i>   |                            |                |                 |
| Mother's Maiden Name <i>Christina Frick</i>          |                            | Mother's Birthplace <i>" "</i>   |                            |                |                 |
| Name of person giving information <i>Annie Moore</i> |                            | How related to deceased <i>Wife</i>  |                            |                |                 |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |                          |
|---|--------------------------|
| Primary <i>Cancer</i>   | How long <i>4 weeks</i>  |
| <i>Glyphoid + Cancer of the</i>   | How long <i>10 hours</i> |
| Immediate <i>Haemorrhage of the lungs</i>                                       |                          |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> |                          |
| Signature of Physician <i>L. Jarboe</i>   |                          |
| Address <i>Smithsburg Md</i>  |                          |
| Accident or Suicide? <i>No</i>  |                          |



Name  
in  
Full

Child of William & Mabel Moore.

CERTIFICATE OF DEATH

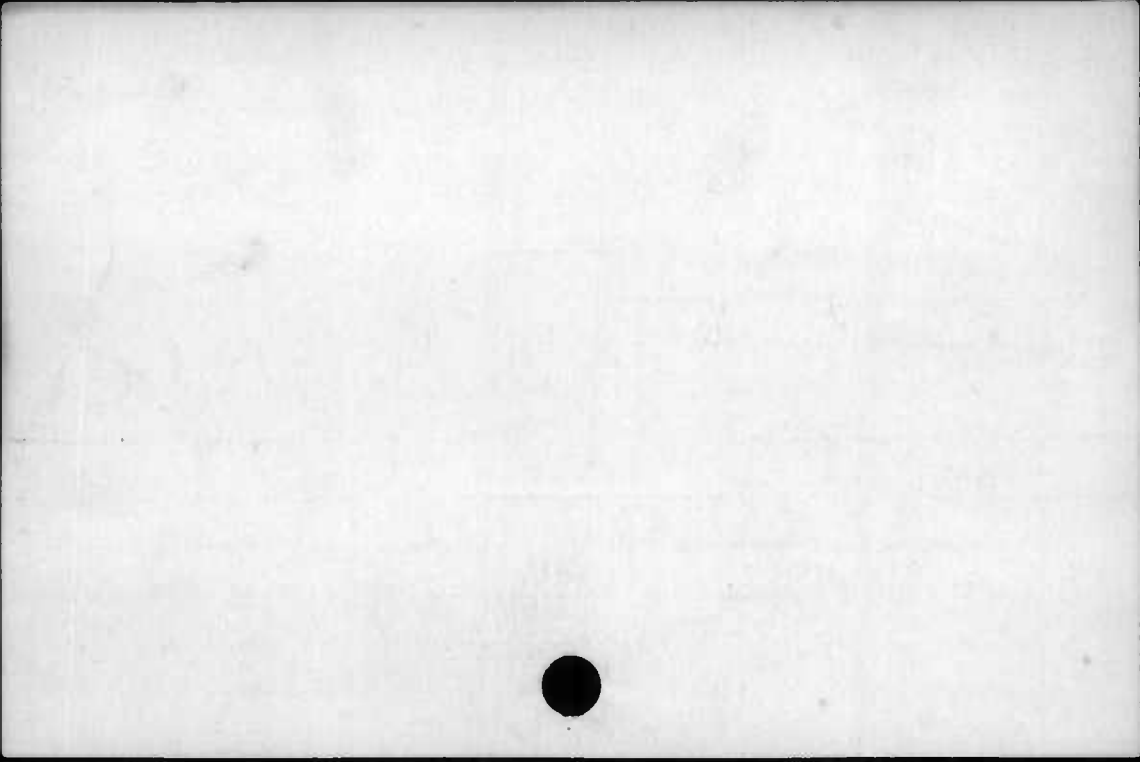
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |                                   |               |              |  |
|---|--|-----------------------------------|---------------|--------------|--|
| Died at <u>Hagerstown</u> <small>Town</small>     |  | <u>Wash</u> <small>County</small> |               | MARYLAND     |  |
| Date of death                                     | <u>1906</u>                                      | Month <u>1</u>                    | Day <u>24</u> | Age <u>—</u> | Years <u>—</u> Months <u>—</u> Days <u>1</u> |
| Sex <u>male</u>                                   | Color or Race <u>white</u>                       | Birth-place <u>Ind.</u>           |               |              |  |
| Occupation <u>—</u>                               | Where Residing if not at place of death <u>—</u> |                                   |               |              |  |
| Married, Single or Widowed <u>single</u>          | Name of Wife or Husband <u>—</u>                 |                                   |               |              |  |
| Father's Name <u>William Moore</u>                | Father's Birthplace <u>Ind.</u>                  |                                   |               |              |  |
| Mother's Maiden Name <u>Mabel Gray</u>            | Mother's Birthplace <u>Penn.</u>                 |                                   |               |              |  |
| Name of person giving information <u>Wm Moore</u> | How related to deceased <u>father</u>            |                                   |               |              |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <u>Perinatal birth</u>  | How long <u>—</u>                          |
| Immediate <u>—</u>  | How long <u>—</u>                          |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>W B Morrison</u> |
| <u>No</u>   | Address <u>Hagerstown Ind</u>              |
| Accident or Suicide? <u>No</u>  |  |





Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

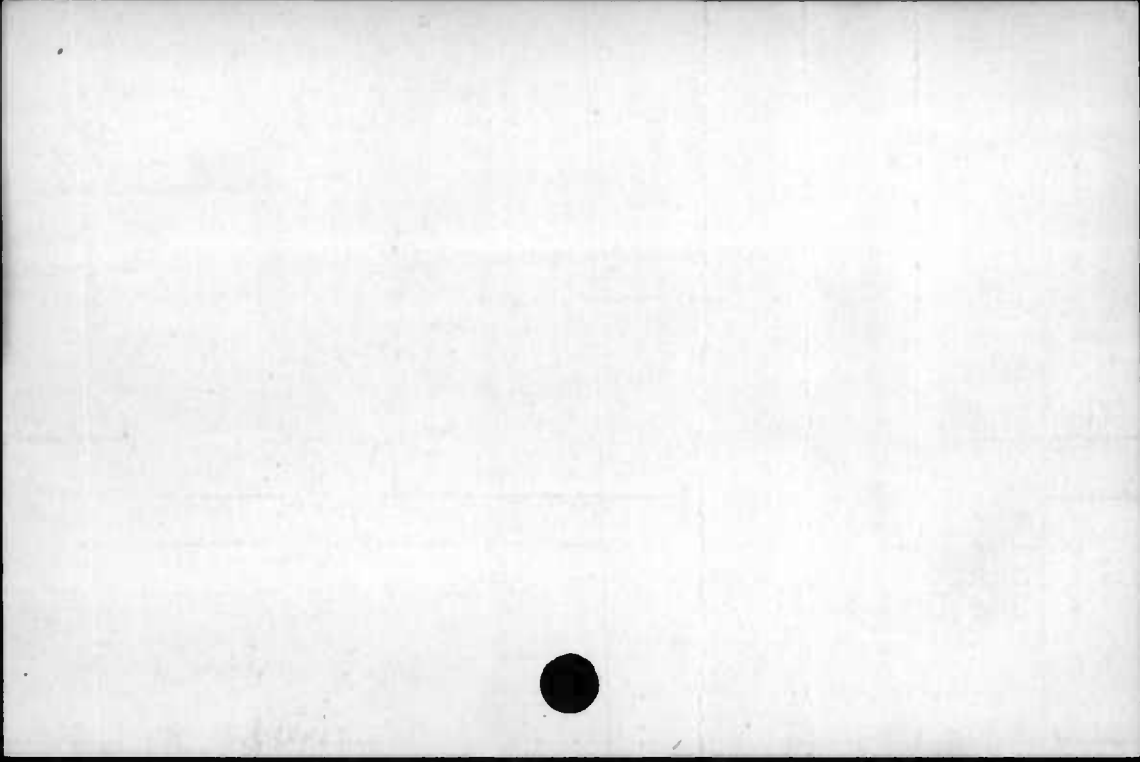
TO BE ANSWERED BY  
NEAREST FRIEND

|   |             |       |               |   |    |             |            |                         |        |             |      |    |
|---|-------------|-------|---------------|---|----|-------------|------------|-------------------------|--------|-------------|------|----|
| Died at <i>Green Spring</i> <sup>Town</sup> <i>Josh</i> <sup>County</sup> |             |       |               |   |    |             |            |                         |        |             |      |    |
| Date of death   | 1906        | Month | Jan           | Day                                     | 21 | Age         | Years      | 14                      | Months | 3           | Days | 24 |
| Sex   | <i>Male</i> |       | Color or Race | <i>White</i>                            |    | Birth-place | <i>Ind</i> |                         |        |             |      |    |
| Occupation  |             |       |               | Where Residing if not at place of death |    |             |            |                         |        |             |      |    |
| Married, Single or Widowed  |             |       |               | Name of Wife or Husband                 |    |             |            |                         |        |             |      |    |
| Father's Name   |             |       |               | <i>John L. Murry</i>                    |    |             |            | Father's Birthplace     |        | <i>Ind.</i> |      |    |
| Mother's Maiden Name  |             |       |               | <i>Lilea J. Tedrick</i>                 |    |             |            | Mother's Birthplace     |        | <i>Ind.</i> |      |    |
| Name of person giving information   |             |       |               | <i>Father</i>                           |    |             |            | How related to deceased |        |             |      |    |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                                |                          |                 |
|--|--------------------------------|--------------------------|-----------------|
| Primary  | <i>Acute Parenchy. Brights</i> | How long                 | <i>2 weeks.</i> |
| Immediate  | <i>Uremia</i>                  | How long                 | <i>4 hours</i>  |
| Are the name, age, sex, color, date and place correctly given above? |                                | Signature of Physician   |                 |
| <i>—</i>   |                                | <i>C. T. Mason, M.D.</i> |                 |
| <i>—</i>   |                                | Address                  |                 |
| <i>—</i>   |                                | <i>Clearspring Md</i>    |                 |
| Accident or Suicide?   |                                |                          |                 |
| <i>—</i>   |                                |                          |                 |



Name  
in  
Full

Leona Catharine Neal No 277

## CERTIFICATE OF DEATH

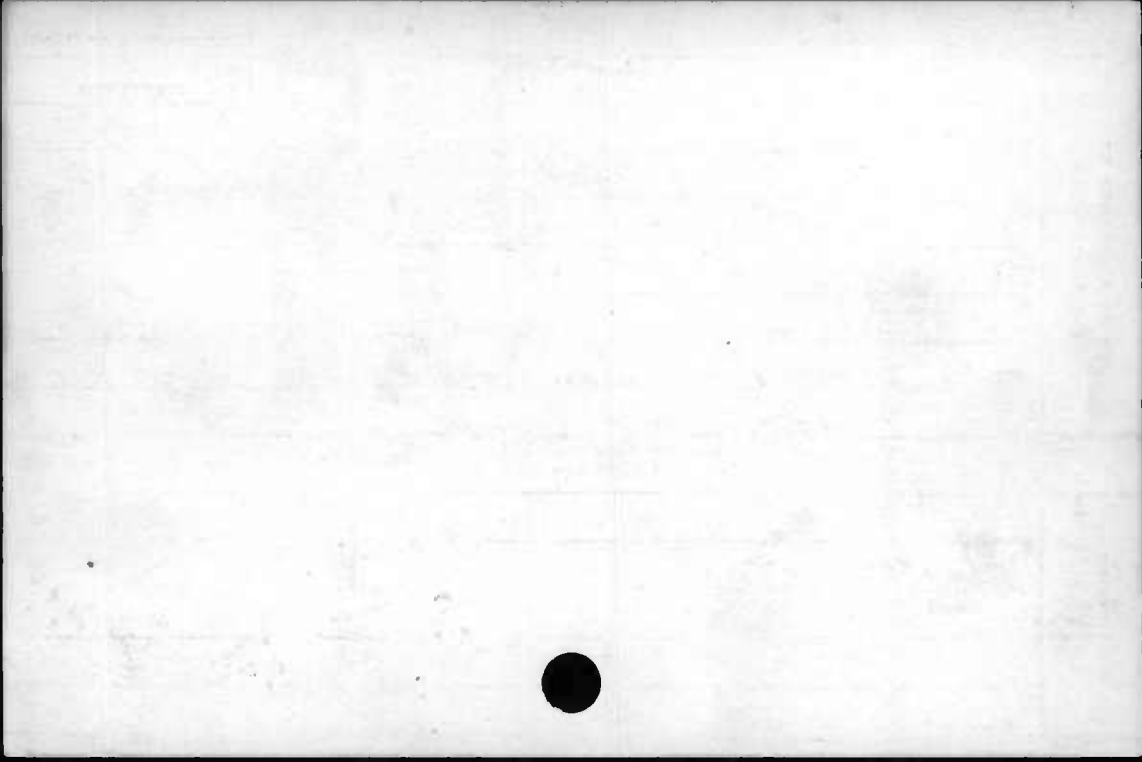
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |  |  |                                    |  |                |  |
|---|--|--|--|------------------------------------|--|----------------|--|
| Died at <i>Williamsport</i>                           |  | Town <i>Washington</i>                         |  | County                             |  | MARYLAND       |  |
| Date of death <i>1906 Jan 4</i>                       |  | Month <i>Jan</i>                               |  | Day <i>4</i>                       |  | Age <i>1</i>   |  |
| Sex <i>Female</i>                                     |  | Color or Race <i>White</i>                     |  | Months <i>5</i>                    |  | Days <i>25</i> |  |
| Occupation _____                                      |  | Where Residing if not at place of death _____  |  | Birth-place <i>Stausbury, N.J.</i> |  |                |  |
| Married, Single or Widowed <i>Single</i>              |  | Name of Wife or Husband _____                  |  |                                    |  |                |  |
| Father's Name <i>Stausbury Lowman Neal</i>            |  | Father's Birthplace <i>Jones Chapel</i>        |  |                                    |  |                |  |
| Mother's Maiden Name <i>Mary Arnette Kuhn</i>         |  | Mother's Birthplace <i>Big Spring</i>          |  |                                    |  |                |  |
| Name of person giving information <i>John H. Kuhn</i> |  | How related to deceased <i>Father's friend</i> |  |                                    |  |                |  |

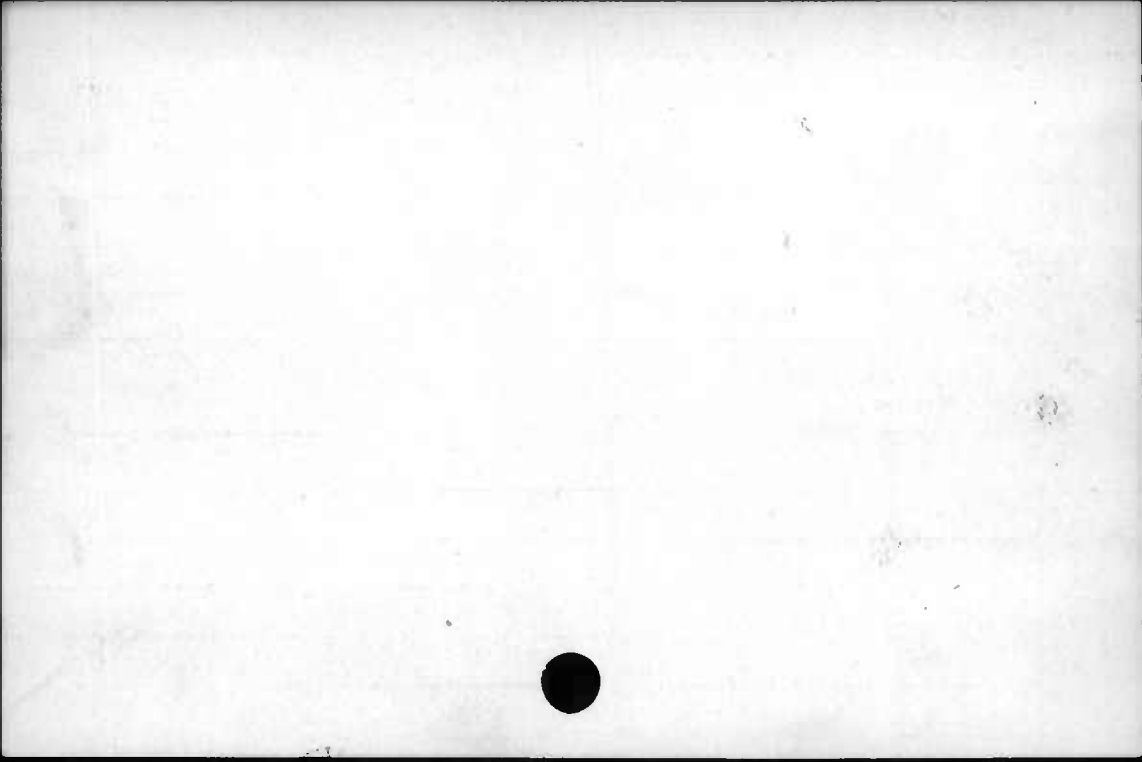
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

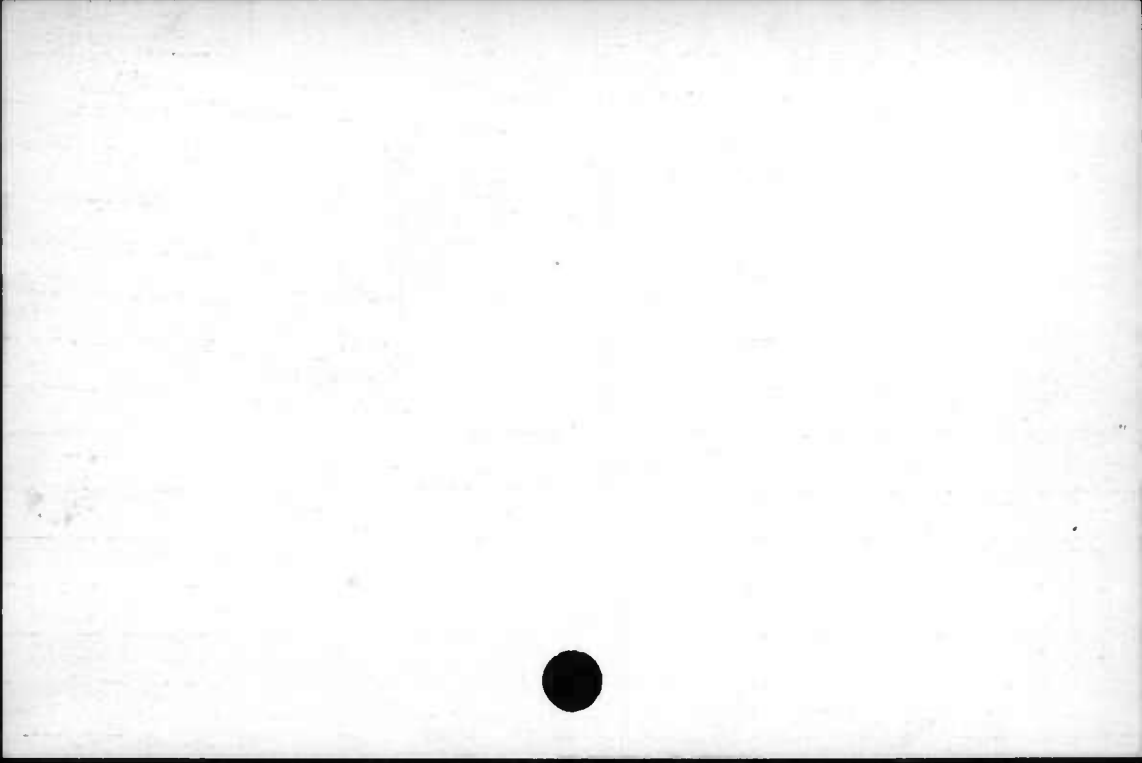
|  |  |
|--|--|
| Primary <i>Intestinal obstruction</i>  | How long <i>72 hours</i>                   |
| Immediate <i>Pneumonia</i>   | How long <i>14 hours</i>                   |
| Are the name, age, sex, color, date and place correctly given above? <i>yes.</i> | Signature of Physician <i>J. Mc. Wertz</i> |
|  | Address <i>Williamsport, Ind</i>           |
| Accident or Suicide?   | <input checked="" type="checkbox"/>        |



| Name in Full                        |  | Samuel Matthias Nichols   |     |   |                         | CERTIFICATE OF DEATH      |                  |
|-------------------------------------|--|---------------------------|-----|---|-------------------------|---------------------------|------------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at  | Highfield <sup>Town</sup> |     | Washington <sup>County</sup>            |                         | MARYLAND                  |                  |
|                                     | Date of death  | 1906                      | Jan | 6th                                     | Age                     | 30                        | 7 Months 29 Days |
|                                     | Sex  | Male                      |     | Color or Race                           | White                   |                           | Birthplace       |
|                                     | Occupation   | R. R. Brakeman            |     | Where Residing if not at place of death |                         | Buena Vista Wash. Co. Md. |                  |
|                                     | <del>Married</del> , Single or Widowed                               | Single                    |     | Name of Wife or Husband                 |                         |                           |                  |
|                                     | Father's Name  | Samuel Nichols            |     |   |                         | Father's Birthplace       | Buena Vista      |
|                                     | Mother's Maiden Name   | Elizabeth Royer           |     |   |                         | Mother's Birthplace       | Waynesboro Pa.   |
| Name of person giving information   | Mrs. Bowman (Sister)   |                           |     |   | How related to deceased | Sister                    |                  |
| CAUSES OF DEATH                     |  |                           |     |   |                         |                           |                  |
| PHYSICIAN<br>OR CORONER             | Primary  | Rail-road accident        |     |   |                         | How long                  | immediate death  |
|                                     | Immediate  | "                         |     |   |                         | How long                  | "                |
|                                     | Are the name, age, sex, color, date and place correctly given above? |                           | Yes |   | Signature of Physician  | G. L. Hatcher             |                  |
|                                     |  |                           |     |   | Address                 | Sabillasville, Maryland   |                  |
| Accident or Suicide?                |  | ✓                         |     |   |                         |                           |                  |



|                                     |  |  |  |                               |                  |   |   |   |               |
|-------------------------------------|--|--|--|-------------------------------|------------------|---|---|---|---------------|
| Name in Full                        |  | Nina Leona Oden  |  |                               |                  | CERTIFICATE OF DEATH                              |   |   |               |
| TO BE ANSWERED BY<br>NEAREST FRIEND |  | Died at  |  | Town <i>Chewsville</i>        |                  | County <i>Mas hington</i>                         |   |   |               |
|                                     |  |  |  | MARYLAND                      |                  |   |   |   |               |
|                                     |  | Date of death  |  | 1906                          | Month <i>Jan</i> | Day <i>27</i>                                     | Years <i>12</i>                         | Months <i>10</i>                              | Days <i>—</i> |
|                                     |  | Sex  |  | <i>Female</i>                 |                  | Color or Race <i>White</i>                        |   | Birth-place <i>Chewsville</i>                 |               |
|                                     |  | Occupation   |  | <i>School Girl</i>            |                  | Where Residing if not at place of death <i>11</i> |   |   |               |
|                                     |  | Married, Single or Widowed   |  | <i>—</i>                      |                  | Name of Wife or Husband <i>—</i>                  |   |   |               |
|                                     |  | Father's Name  |  | <i>Arthur Benj. Oden</i>      |                  |   |   | Father's Birthplace <i>Wolfsville Ind Co.</i> |               |
| Mother's Maiden Name                |  | <i><del>Anna</del> Laura T. Longmaster</i>                           |  |                               |                  | Mother's Birthplace <i>Chewsville Wash Co.</i>    |   |   |               |
| Name of person giving information   |  | <i>Arthur B. Oden.</i>   |  |                               |                  | How related to deceased <i>Father</i>             |   |   |               |
| CAUSES OF DEATH                     |  |  |  |                               |                  |   |   |   |               |
| PHYSICIAN<br>OR CORONER             |  | Primary  |  | <i>Pulmonary Tuberculosis</i> |                  | How long  | <i>Several years</i> <i>Here detour</i> |   |               |
|                                     |  | Immediate  |  | <i>Heart Failure</i>          |                  | How long  | <i>immediately</i>                      |   |               |
|                                     |  | Are the name, age, sex, color, date and place correctly given above? |  | <i>Yes</i>                    |                  | Signature of Physician <i>H. A. Quinn M.D.</i>    |   |   |               |
|                                     |  |  |  | Address <i>Chewsville Md</i>  |                  |   |   |   |               |
|                                     |  | Accident or Suicide?   |  |                               |                  |   |   |   |               |





Name  
in  
Full

Ann F. Patton.

## CERTIFICATE OF DEATH

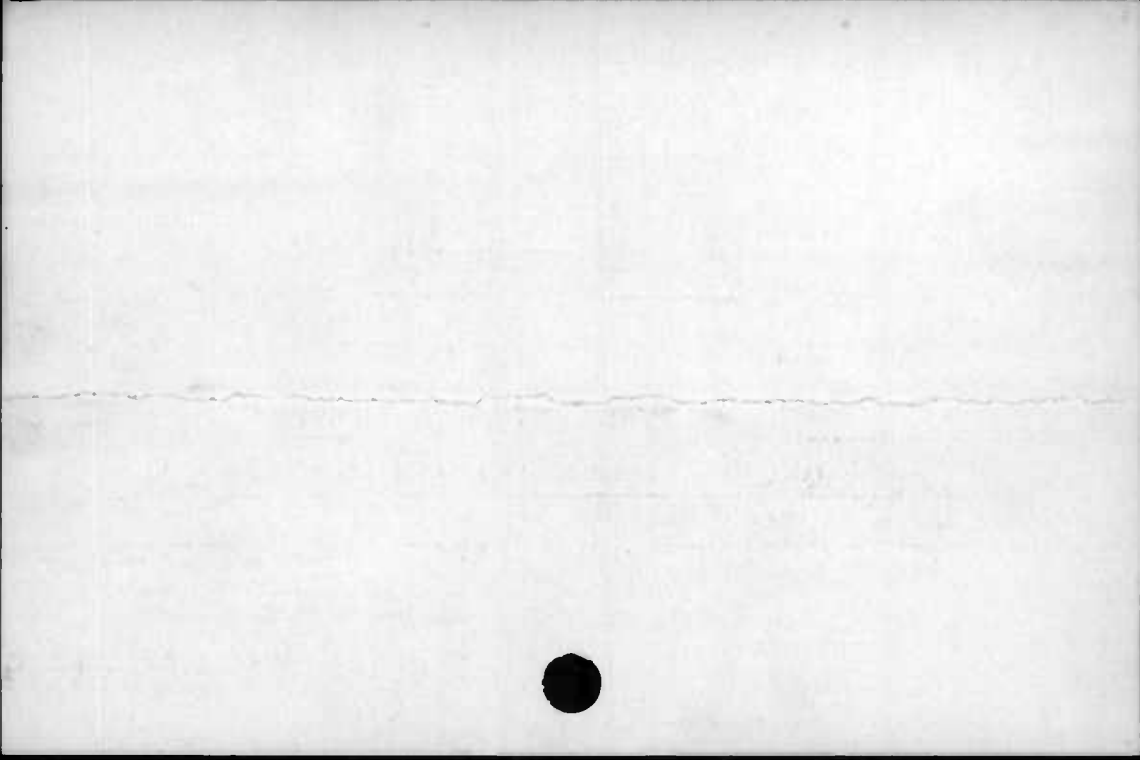
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |  |  |   |  |                 |  |               |  |
|--|--|--|--|---|--|-----------------|--|---------------|--|
| Died at <i>Sandy Hook</i>  |  | Town                                       |  | <i>Washington</i>   |  | County          |  | MARYLAND      |  |
| Date of death <i>1904</i>  |  | Month <i>Jan.</i>                          |  | Day <i>14</i>   |  | Age <i>71</i>   |  | Years         |  |
| Sex <i>Female</i>  |  | Color or Race <i>white</i>                 |  | Birth-place <i>Va.</i>  |  | Months <i>8</i> |  | Days <i>0</i> |  |
| Occupation <i>none</i>   |  |  |  | Where Residing if not at place of death <i>Sandy Hook Md.</i> |  |                 |  |               |  |
| Married, Single or Widowed <i>Married</i>                          |  | Name of Wife or Husband <i>Jas. Patton</i> |  |   |  |                 |  |               |  |
| Father's Name <i>Lie. Reed.</i>                                    |  | Father's Birthplace <i>Va.</i>             |  |   |  |                 |  |               |  |
| Mother's Maiden Name <i>Henrietta Dobson</i>                       |  | Mother's Birthplace <i>Va.</i>             |  |   |  |                 |  |               |  |
| Name of person giving information <i>Mrs W<sup>m</sup> Hammond</i> |  | How related to deceased <i>Daughter</i>    |  |   |  |                 |  |               |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Hepatitis</i>  | How long <i>about 2 weeks</i>                   |
| Immediate <i>Abscess of Liver</i>   | How long <i>one week</i>                        |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>B. B. Ranson M.D.</i> |
|   | Address <i>Harpers Ferry W. Va.</i>             |
| Accident or Suicide? <i>neither</i>   |   |



Name

in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

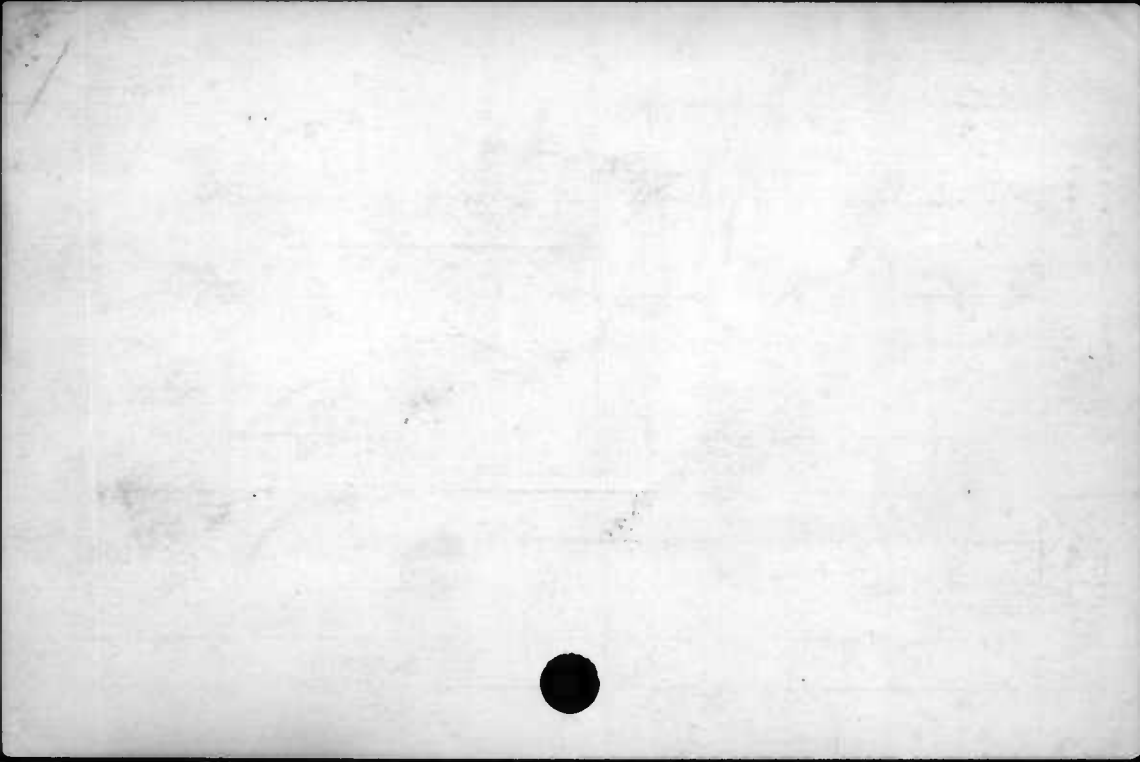
|  |  |   |  |                            |  |                                |  |
|--|--|---|--|----------------------------|--|--------------------------------|--|
| Name in Full <i>Bertha May Pryor</i>                   |  | Town <i>Cascades</i>                                    |  | County <i>Wash. lev.</i>   |  | STATE <i>MARYLAND</i>          |  |
| Died at <i>Cascades</i>                                |  | Date of death <i>1906</i>                               |  | Age <i>16</i>              |  | Months <i>3</i> Days <i>27</i> |  |
| Sex <i>Female</i>                                      |  | Color or Race <i>White</i>                              |  | Birth-place <i>Enclida</i> |  |                                |  |
| Occupation <i>Home wife</i>                            |  | Where Residing if not at place of death <i>Cascades</i> |  |                            |  |                                |  |
| Married, <i>Single</i><br>or <i>Widowed</i>            |  | Name of Wife or Husband <i>John H. Pryor</i>            |  |                            |  |                                |  |
| Father's Name <i>Lehar St. Smith</i>                   |  | Father's Birthplace <i>Enclida</i>                      |  |                            |  |                                |  |
| Mother's Maiden Name <i>Elizabeth Smith</i>            |  | Mother's Birthplace <i>Leesburg, Va.</i>                |  |                            |  |                                |  |
| Name of person giving information <i>Charles Smith</i> |  | How related to deceased <i>Father</i>                   |  |                            |  |                                |  |

## CAUSES OF DEATH

28

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary <i>Tuberculosis</i>  | How long <i>10 days</i>                     |
| Immediate <i>Tubercular Meningitis</i>   | How long <i>Ten days</i>                    |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i> | Signature of Physician <i>C. L. Hackett</i> |
|  | Address <i>Sabillasville Md.</i>            |
| Accident or Suicide? <i>_____</i>  | <i>✓</i>                                    |



Name

in  
Full

George Picketts

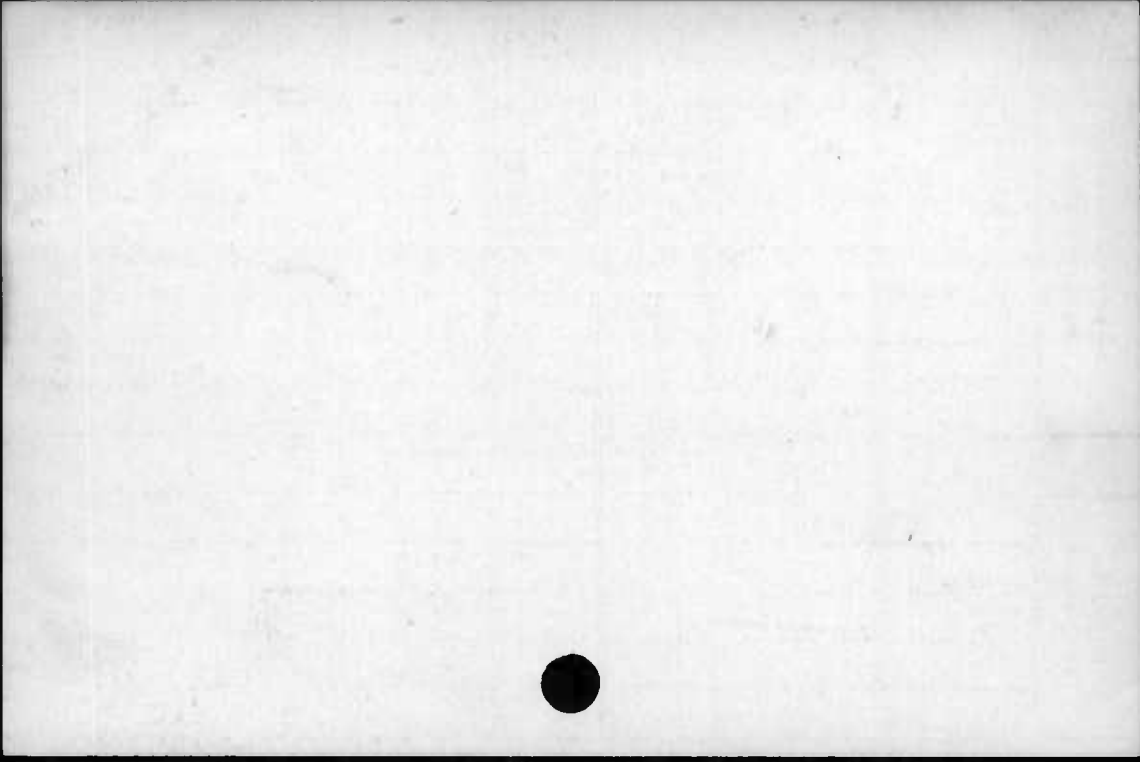
7/1/17  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

|                                       |                   |                    |                            |  |                            |                 |            |
|---------------------------------------|-------------------|--------------------|----------------------------|--|----------------------------|-----------------|------------|
| Died at                               |                   | Town<br>Hagerstown |                            | County<br>Washington                       |                            | MARYLAND        |            |
| Date<br>of death                      | 1906              | Month<br>1         | Day<br>23                  | Age<br>14                                  | Years                      | Months          | Days<br>23 |
| Sex                                   | Male              |                    | Color or<br>Race           | White                                      |                            | Birth-<br>place | Oa         |
| Occupation                            | Laborer           |                    |                            | Where Residing if not<br>at place of death |                            |                 |            |
| Married, Single<br>or Widowed         | Single            |                    | Name of Wife or<br>Husband |  |                            |                 |            |
| Father's<br>Name                      | James R. Picketts |                    |                            |  | Father's<br>Birthplace     | Md              |            |
| Mother's<br>Maiden Name               | Laura O. Smith    |                    |                            |  | Mother's<br>Birthplace     | Md              |            |
| Name of person giving<br>In formation | James R. Picketts |                    |                            |  | How related<br>to deceased | Father          |            |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |                           |          |  |
|---|---------------------------|----------|--|
| Primary   | Killed by Car's (166)     | How long |  |
| Immediate   |                           | How long |  |
| Are the name, age, sex, color, date<br>and place correctly given above? | Signature of<br>Physician |          |  |
|   | Address                   |          |  |
|   | Undulator                 |          |  |
|   | L. M. Watkins             |          |  |
| Accident or Suicide?  | Hagerstown Md             |          |  |
|   | Accident                  |          |  |



Name

in  
Full

Artha Rudesill

## CERTIFICATE OF DEATH

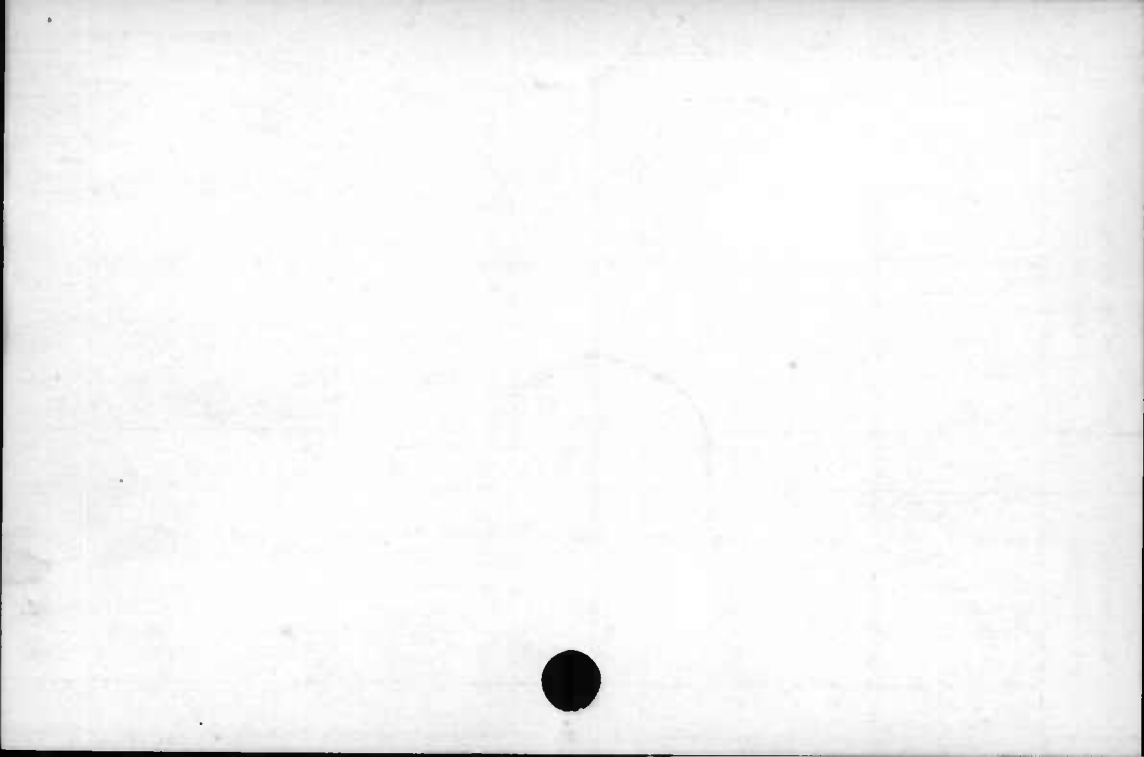
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |  |  |   |  |                                       |  |
|--|--|--|--|---|--|---------------------------------------|--|
| Died at <i>Frankstown</i>              |  | Town <i>Washington</i>                           |  | County  |  | MARYLAND                              |  |
| Date of death <i>1906 Jan.</i>         |  | Month <i>January</i>                             |  | Day <i>Tuesday</i>                              |  | Age <i>—</i>                          |  |
| Sex <i>Male</i>                        |  | Color or Race <i>White</i>                       |  | Birth-place <i>Frankstown</i>                   |  | Months <i>—</i>                       |  |
| Occupation <i>—</i>                    |  | Where Residing If not at place of death <i>—</i> |  | Years <i>—</i>                                  |  | Days <i>—</i>                         |  |
| Married, Single or Widowed <i>—</i>    |  | Name of Wife or Husband <i>—</i>                 |  | Father's Birthplace <i>Smithsburg</i>           |  | Mother's Birthplace <i>Smithsburg</i> |  |
| Father's Name <i>Shedrick Rudesill</i> |  | Mother's Maiden Name <i>Gloria Myers</i>         |  | Name of person giving information <i>Father</i> |  | How related to deceased <i>—</i>      |  |

## CAUSES OF DEATH

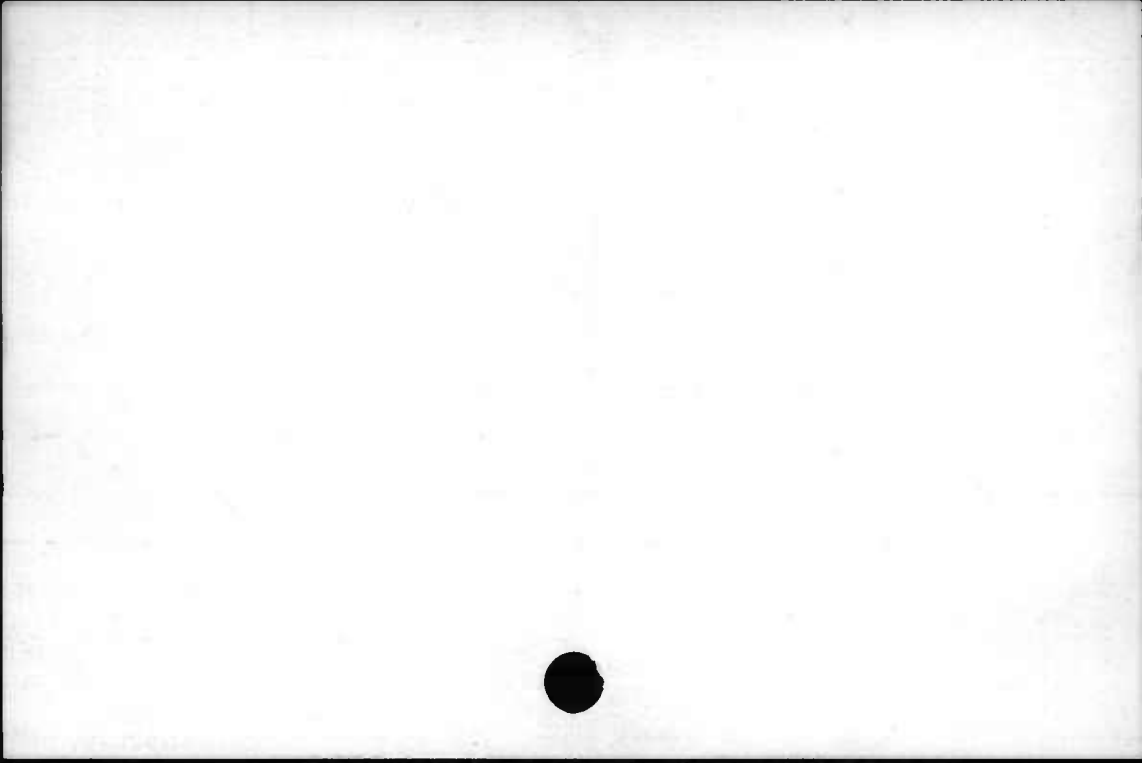
PHYSICIAN  
OR CORONER

|  |                  |                        |                      |
|--|------------------|------------------------|----------------------|
| Primary  | <i>Stillborn</i> | How long               | <i>—</i>             |
| Immediate  | <i>Stillborn</i> | How long               | <i>—</i>             |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i>       | Signature of Physician | <i>C. G. Wiggins</i> |
|  |                  | Address                | <i>Frankstown</i>    |
| Accident or Suicide?   | <i>—</i>         |                        | <i>—</i>             |





| Name in Full  |  | CERTIFICATE OF DEATH                               |           |                                 |             |
|---|--|--|-----------|---------------------------------|-------------|
| Clara Charlotte Ruth  |  | Town<br>Roxbury                                    |           | County<br>Washington            |             |
| Died at   |  | MAYLAND  |           |                                 |             |
| Date of death   |  | Month<br>1   | Day<br>29 | Years<br>—                      | Months<br>7 |
| Sex<br>Female   |  | Color or Race<br>white                             |           | Birthplace<br>Washington        |             |
| Occupation<br>—   |  | Where Residing if not at place of death<br>Roxbury |           |                                 |             |
| Married, Single or Widowed  |  | Name of Wife or Husband                            |           |                                 |             |
| Father's Name<br>Clayton Ruth   |  | Father's Birthplace<br>Maryland                    |           | Mother's Birthplace<br>Maryland |             |
| Mother's Maiden Name<br>Hora Holliday                                       |  | How related to deceased<br>Father                  |           |                                 |             |
| Name of person giving information<br>Clayton Ruth                           |  |  |           |                                 |             |
| CAUSES OF DEATH   |  |  |           |                                 |             |
| Primary<br>Debility   |  | How long<br>2 mos                                  |           |                                 |             |
| Immediate<br>convulsions  |  | How long<br>2 hours                                |           |                                 |             |
| Are the name, age, sex, color, date and place correctly given above?<br>Yes |  | Signature of Physician<br>V.M. Reichard            |           |                                 |             |
|   |  | Address<br>Fairplay                                |           |                                 |             |
| Accident or Suicide?  |  |  |           |                                 |             |



Name  
in  
Full

Unnamed Infant *Schildtsnecht (24 M)* **CERTIFICATE OF DEATH**

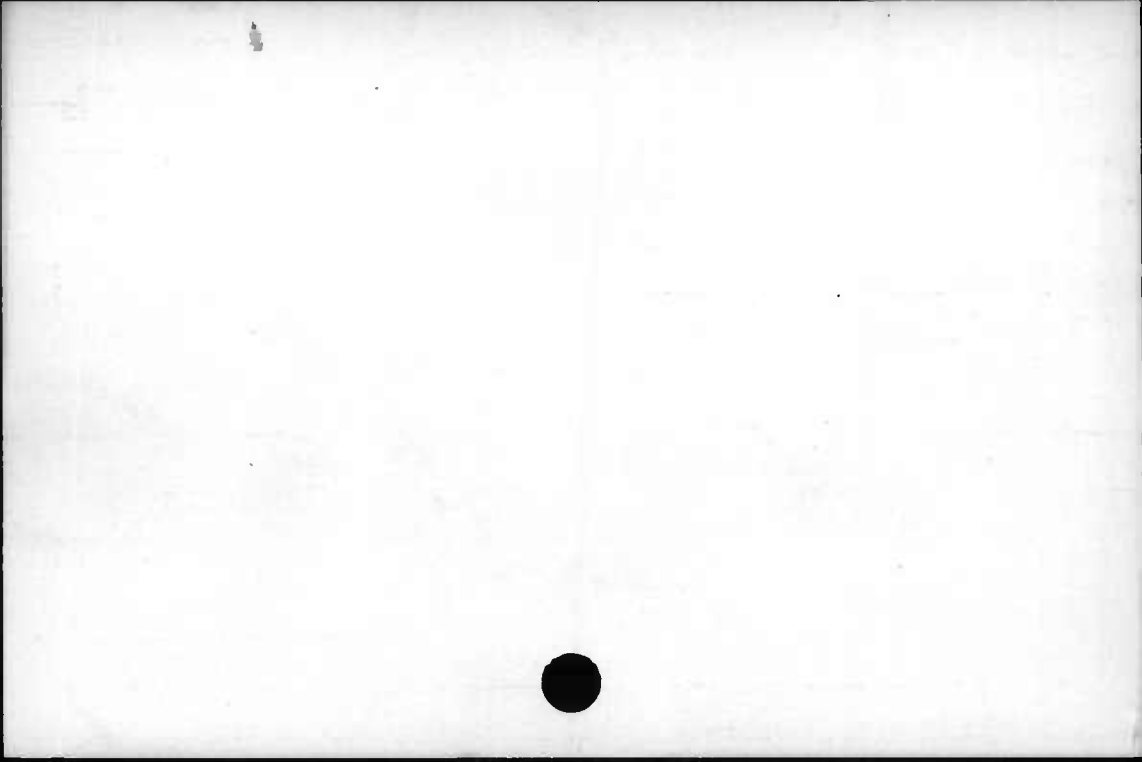
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                                     |   |  |                                |                               |
|---|-------------------------------------|---|--|--------------------------------|-------------------------------|
| Died at <i>Grimes</i> <small>Town</small>                     |                                     | <i>Washington</i> <small>County</small> |  | MARYLAND                       |                               |
| Date of death <i>1906</i>                                     | <i>January</i> <small>Month</small> | <i>9</i> <small>Day</small>             | <i>—</i> <small>Years</small>                    | <i>—</i> <small>Months</small> | <i>11</i> <small>Days</small> |
| Sex <i>Female</i>   | Color or Race <i>White</i>          |   | Birth-place <i>Grimes</i>                        |                                |                               |
| Occupation <i>—</i>   |                                     |   | Where Residing if not at place of death <i>—</i> |                                |                               |
| Married, Single or Widowed <i>Single</i>                      |                                     | Name of Wife or Husband <i>—</i>        |  |                                |                               |
| Father's Name <i>Vernon Schildtsnecht</i>                     |                                     |   | Father's Birthplace <i>Frederick Md</i>          |                                |                               |
| Mother's Maiden Name <i>Rena Cassard</i>                      |                                     |   | Mother's Birthplace <i>Wash. Co Md</i>           |                                |                               |
| Name of person giving information <i>Vernon Schildtsnecht</i> |                                     |   | How related to deceased <i>Father</i>            |                                |                               |

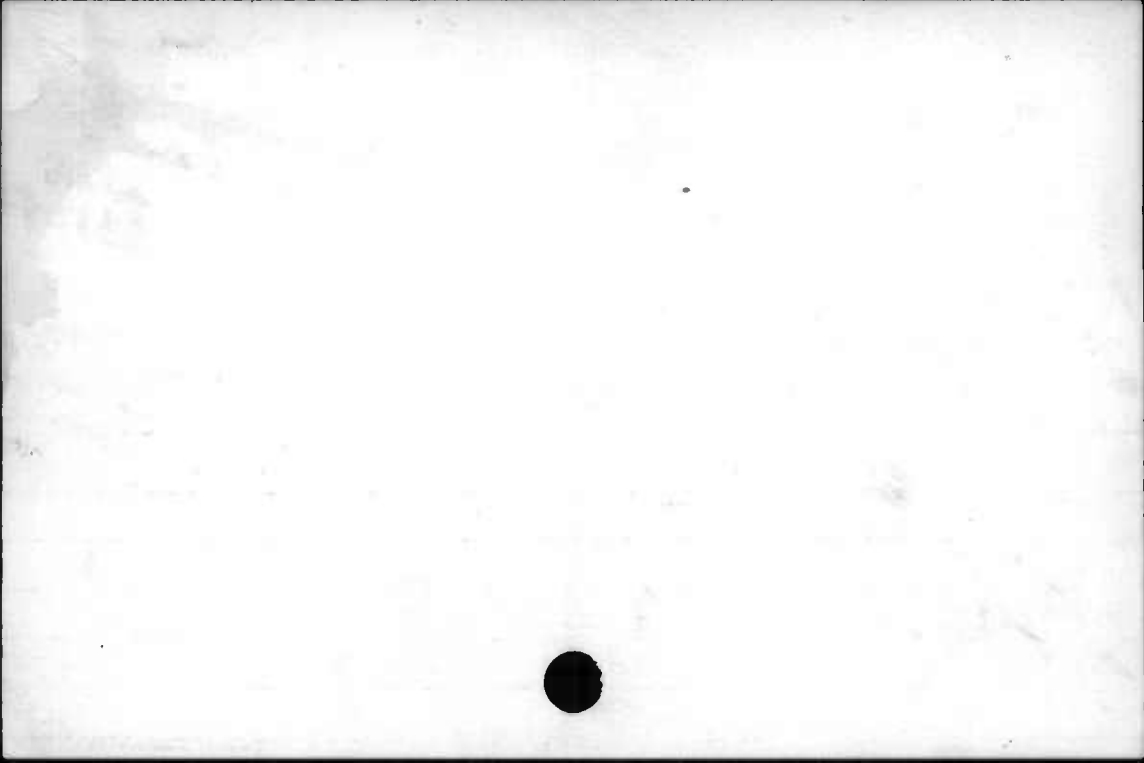
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Debility</i> <i>(151)</i>  | How long <i>—</i>                            |
| Immediate <i>—</i>  | How long <i>—</i>                            |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>V. M. Reichard</i> |
|   | Address <i>Fairplay.</i>                     |
| Accident or Suicide? <i>—</i>   |  |



|                                     |  |                |                        |                         |   |                      |            |
|-------------------------------------|--|----------------|------------------------|-------------------------|---|----------------------|------------|
| Name in Full                        |  | Shipley -      |                        |                         |   | CERTIFICATE OF DEATH |            |
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at  |                | Mt. Carmel -           |                         | Washington                              |                      | MARYLAND   |
|                                     | Date of death  |                | 1906                   | June                    | 22 -                                    | Age                  |            |
|                                     | Sex  |                | Male                   |                         | Color or Race                           |                      | White      |
|                                     | Occupation   |                |                        |                         | Birth-place                             |                      | Mt. Carmel |
|                                     |  |                |                        |                         | Where Residing if not at place of death |                      |            |
|                                     | Married, Single or Widowed   |                | -                      |                         | Name of Wife or Husband                 |                      |            |
|                                     | Father's Name  |                | Walter Shipley         |                         | Father's Birthplace                     |                      | Maryland   |
| Mother's Maiden Name                |  | Alice Miller   |                        | Mother's Birthplace     |   | " "                  |            |
| Name of person giving information   |  | Walter Shipley |                        | How related to deceased |   | Father -             |            |
| CAUSES OF DEATH                     |  |                |                        |                         |   |                      |            |
| PHYSICIAN<br>OR CORONER             | Primary  |                | Still Born -           |                         | How long                                |                      | -          |
|                                     | Immediate  |                |                        |                         | How long                                |                      | -          |
|                                     | Are the name, age, sex, color, date and place correctly given above? |                | Signature of Physician |                         | W. C. Wheeler M.D.                      |                      |            |
|                                     |  |                | Address                |                         | Bourbon                                 |                      |            |
|                                     |  |                |                        |                         | Ind.                                    |                      |            |
| Accident or Suicide?                |  |                |                        |                         |   |                      |            |



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |  |  |                             |  |                          |  |
|---|--|--|--|-----------------------------|--|--------------------------|--|
| Name in Full<br><i>Anna May Gayler</i>                  |  | Town<br><i>Hagerstown</i>                |  | County<br><i>Washington</i> |  | State<br><i>MARYLAND</i> |  |
| Died at<br><i>Hagerstown</i>                            |  | Month<br><i>1</i>                        |  | Day<br><i>30</i>            |  | Years<br><i>8</i>        |  |
| Date of death<br><i>1906</i>                            |  | Month<br><i>1</i>                        |  | Day<br><i>30</i>            |  | Years<br><i>8</i>        |  |
| Sex<br><i>Female</i>                                    |  | Color or Race<br><i>White</i>            |  | Birth-place<br><i>Ind</i>   |  | Months<br><i>8</i>       |  |
| Occupation  |  | Where Residing If not at place of death  |  |                             |  |                          |  |
| Married, Single or Widowed<br><i>Single</i>             |  | Name of Wife or Husband                  |  |                             |  |                          |  |
| Father's Name<br><i>John Sigler</i>                     |  | Father's Birthplace<br><i>Ind</i>        |  |                             |  |                          |  |
| Mother's Maiden Name<br><i>Mary Lyman</i>               |  | Mother's Birthplace<br><i>Ind</i>        |  |                             |  |                          |  |
| Name of person giving information<br><i>John Sigler</i> |  | How related to deceased<br><i>Father</i> |  |                             |  |                          |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |  |  |
|--|--|--|--|
| Primary<br><i>Intussusception</i>  |  | How long<br><i>2 days</i>                    |  |
| Immediate<br><i>collapse with cardiac failure</i>                                  |  | How long<br><i>3 hours</i>                   |  |
| Are the name, age, sex, color, date and place correctly given above?<br><i>yes</i> |  | Signature of Physician<br><i>W. H. Hagan</i> |  |
|  |  | Address<br><i>Hagerstown, Ind.</i>           |  |
| Accident or Suicide?<br><i>no</i>  |  |  |  |





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

John Warshaw Shradar  
Town Hagerstown County Wash  
Died at Hagerstown Wash MARYLAND

Date of death 1906 1 22 Age 2 Months 6 Days

Sex Male Color or Race white Birth-place Md.

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed single Name of Wife or Husband \_\_\_\_\_

Father's Name Geo. C. Shradar Father's Birthplace Penna

Mother's Maiden Name Annie Poffenberger Mother's Birthplace Md

Name of person giving information Geo C Shradar How related to deceased father

## CAUSES OF DEATH

Primary Laryngeal Diphtheria (9) How long Three days

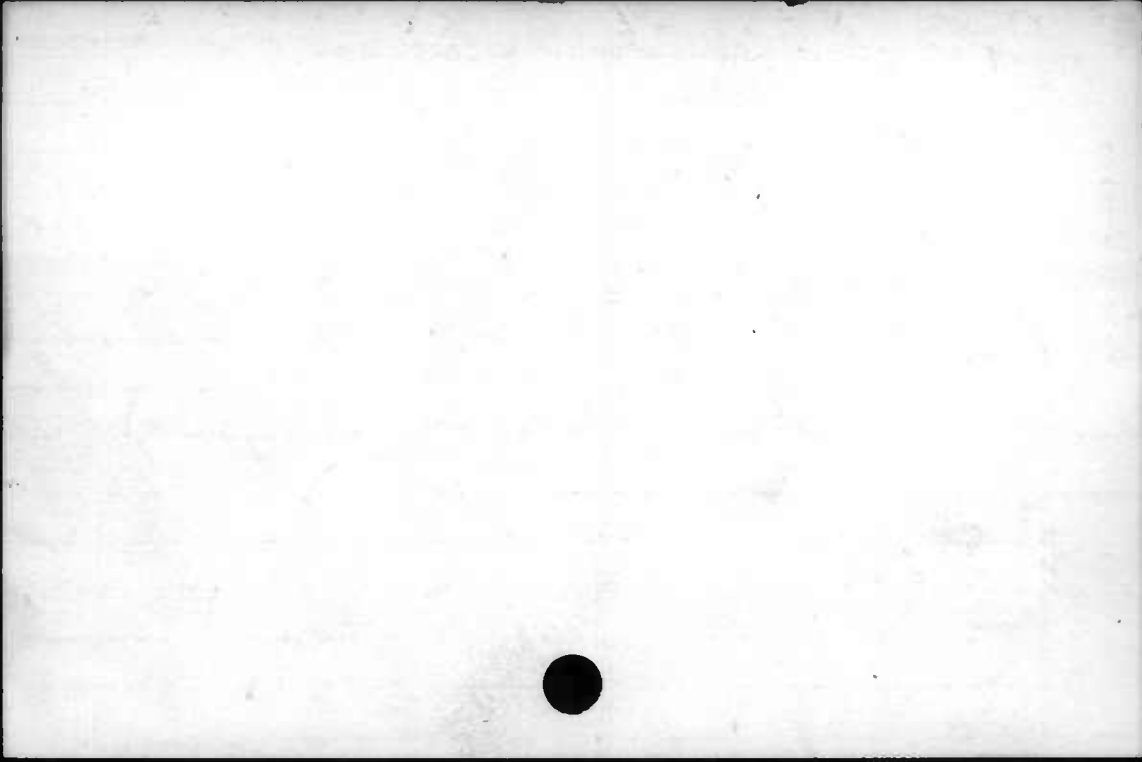
Immediate Bronch - Pneumonia How long One day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Daniel G. Kewatkins

Address Hagerstown Md.

Accident or Suicide?



Name  
in  
Full

Christian, Shupp P.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

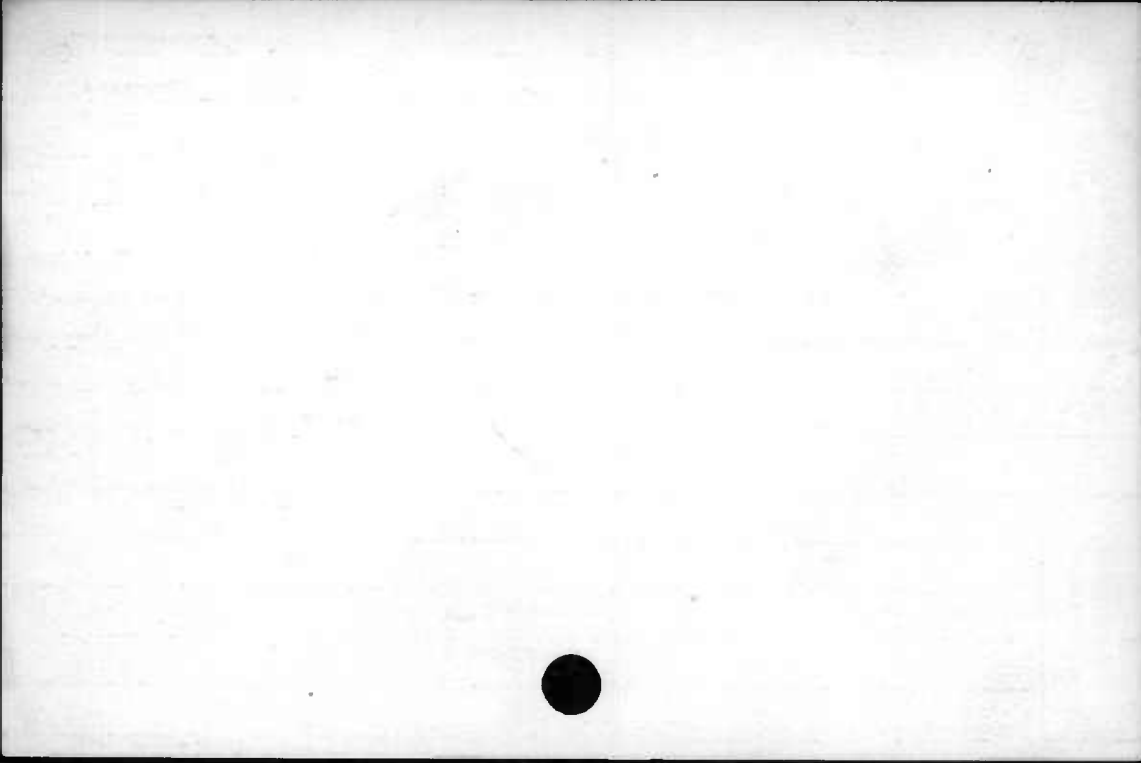
Died at *Ash.* TownCounty *Washington*Date  
of death *1906*Month *1*Day *25*Age *85*Months *—*Days *—*Sex *Male*Color or  
Race *white*Birth-  
place *Washington County*Occupation *Farmer*Where Residing If not  
at place of death *Charlton*~~Married, Single~~  
or WidowedName of Wife or  
Husband *Elizibeth Dellinger*Father's  
Name *Abraham Shupp*Father's  
Birthplace *Md.*Mother's  
Maiden Name *Nancy Kaufman*Mother's  
Birthplace *Md.*Name of person giving  
information *Mrs Malinda Kriner*How related  
to deceased *Daughter*

## CAUSES OF DEATH

Primary *Cirrhosis of the Liver*How long *3 months*Immediate *Toxaemia and Acids*How long *1 month*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *J. P. Perry*Address *Clearspring*  
*Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Malinda Catherine Smith

## CERTIFICATE OF DEATH

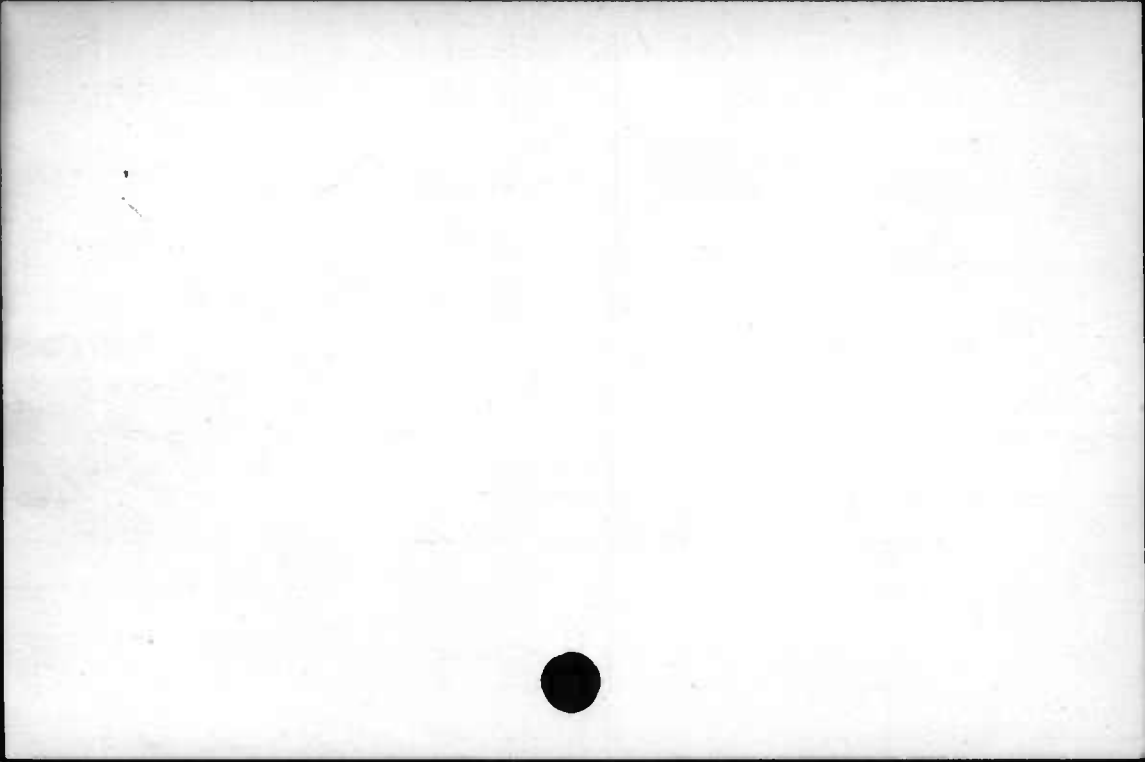
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                     |                  |   |   |    |                         |          |
|-----------------------------------|---------------------|------------------|---|---|----|-------------------------|----------|
| Died at                           |                     | Town<br>Bonsboro |   | County<br>Washington                    |    | MARYLAND                |          |
| Date of death                     | 1906                | Month<br>January | Day<br>19 <sup>th</sup>                 | Age                                     | 63 | Months                  | Days     |
| Sex                               | Female              |                  | Color of Race                           | White                                   |    | Birth-place             | Maryland |
| Occupation                        | House-keeper        |                  |   | Where Residing if not at place of death |    |                         |          |
| Married, Single or Widowed        | Married             |                  | Name of Wife or Husband<br>Daniel Smith |   |    |                         |          |
| Father's Name                     | Matthias Green      |                  |   |   |    | Father's Birthplace     | Maryland |
| Mother's Maiden Name              | Barbara Easterday   |                  |   |   |    | Mother's Birthplace     | Maryland |
| Name of person giving information | Mrs. L. Warrenfeltz |                  |   |   |    | How related to deceased | Daughter |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                 |  |                        |                      |
|--|-----------------|--|------------------------|----------------------|
| Primary  | Lobar Pneumonia |  | How long               | 4 days               |
| Immediate  | Collapse -      |  | How long               | 2 hours              |
| Are the name, age, sex, color, date and place correctly given above? | yes             |  | Signature of Physician | J. Hubert Wade, M.D. |
|  |                 |  | Address                | Bonsboro, Md.        |
| Accident or Suicide?   | No              |  |                        |                      |



Name  
in  
Full

Susan Ann Toney Lill

## CERTIFICATE OF DEATH

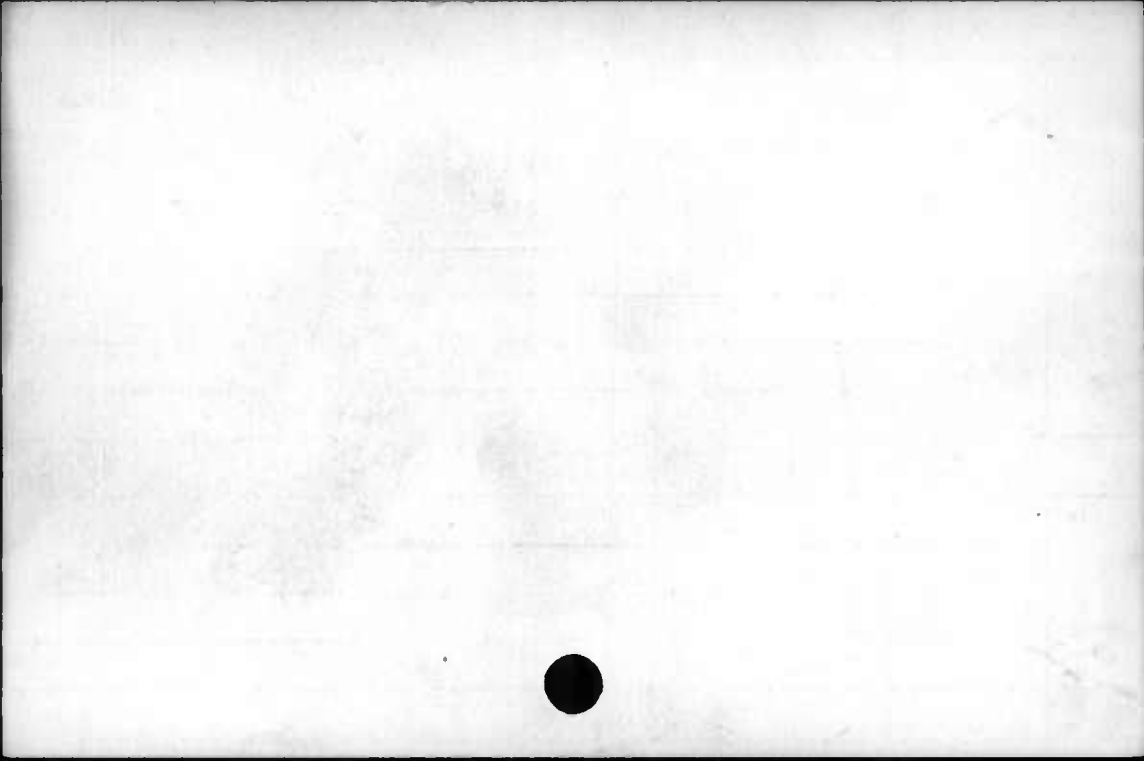
TO BE ANSWERED BY  
NEAREST FRIEND

|  |                              |                                     |   |                             |                          |
|--|------------------------------|-------------------------------------|---|-----------------------------|--------------------------|
| Died at <u>Samples Manor</u> <sup>Town</sup> |                              | <u>Washington</u> <sup>County</sup> |   | MARYLAND                    |                          |
| Date of death                                | <u>1906</u> <sup>Month</sup> | <u>Jan.</u> <sup>Day</sup>          | <u>8</u> <sup>Years</sup>               | <u>72</u> <sup>Months</sup> | <u>8</u> <sup>Days</sup> |
| Sex  | <u>Female</u>                | Color or Race                       | <u>White</u>                            | Birth-place                 |                          |
| Occupation                                   | <u>None</u>                  |                                     | Where Residing if not at place of death |                             |                          |
| Married, Single or Widowed                   |                              | Name of Wife or Husband             |   |                             |                          |
| <u>Single</u>                                |                              |                                     |   |                             |                          |
| Father's Name                                |                              |                                     | Father's Birthplace                     |                             |                          |
| <u>James Toney Lill</u>                      |                              |                                     |   |                             |                          |
| Mother's Maiden Name                         |                              |                                     | Mother's Birthplace                     |                             |                          |
|  |                              |                                     |   |                             |                          |
| Name of person giving Information            |                              |                                     | How related to deceased                 |                             |                          |
|  |                              |                                     |   |                             |                          |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                             |                        |                           |
|--|-----------------------------|------------------------|---------------------------|
| Primary  | <u>Plastic Endocarditis</u> | How long               | <u>about one year</u>     |
| Immediate  | <u>Edema</u>                | How long               | <u>4 weeks</u>            |
| Are the name, age, sex, color, date and place correctly given above? |                             | Signature of Physician | <u>A. L. Bennett M.D.</u> |
| <u>Yes</u>   |                             | Address                | <u>Bennsville Md</u>      |
| Accident or Suicide?   |                             |                        | <u>L</u>                  |
| <u>No</u>  |                             |                        |                           |





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |                         |          |                         |              |    |   |                         |            |    |      |    |
|---|-------------------------|----------|-------------------------|--------------|----|---|-------------------------|------------|----|------|----|
| Died at <i>Hagerstown</i> <sup>Town</sup> <i>Washington</i> <sup>County</sup> |                         | MARYLAND |                         |              |    |   |                         |            |    |      |    |
| Date of death   | 1906                    | Month    | 1                       | Day          | 24 | Age                                     | 19                      | Months     | 10 | Days | 12 |
| Sex   | <i>Female</i>           |          | Color or Race           | <i>White</i> |    | Birth-place                             | <i>Md</i>               |            |    |      |    |
| Occupation  |                         |          |                         |              |    | Where Residing If not at place of death |                         |            |    |      |    |
| Married, Single or Widowed  | <i>Single</i>           |          | Name of Wife or Husband |              |    |   |                         |            |    |      |    |
| Father's Name   | <i>James M. Taylor</i>  |          |                         |              |    |   | Father's Birthplace     | <i>Va.</i> |    |      |    |
| Mother's Maiden Name  | <i>Eleanor C. Grove</i> |          |                         |              |    |   | Mother's Birthplace     | <i>Md</i>  |    |      |    |
| Name of person giving information   | <i>Eugene Taylor</i>    |          |                         |              |    |   | How related to deceased | <i>Bro</i> |    |      |    |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                     |  |                 |
|--|---------------------|--|-----------------|
| Primary  | <i>Appendicitis</i> | How long                                     | <i>One week</i> |
| Immediate  | <i>Exhaustion</i>   | How long                                     | <i>44 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? |                     | Signature of Physician <i>O. H. B. B. B.</i> |                 |
|  |                     | Address <i>Hagerstown</i>                    |                 |
| Accident or Suicide?   |                     |  |                 |



Name  
in  
Full

Margaret Watter

## CERTIFICATE OF DEATH

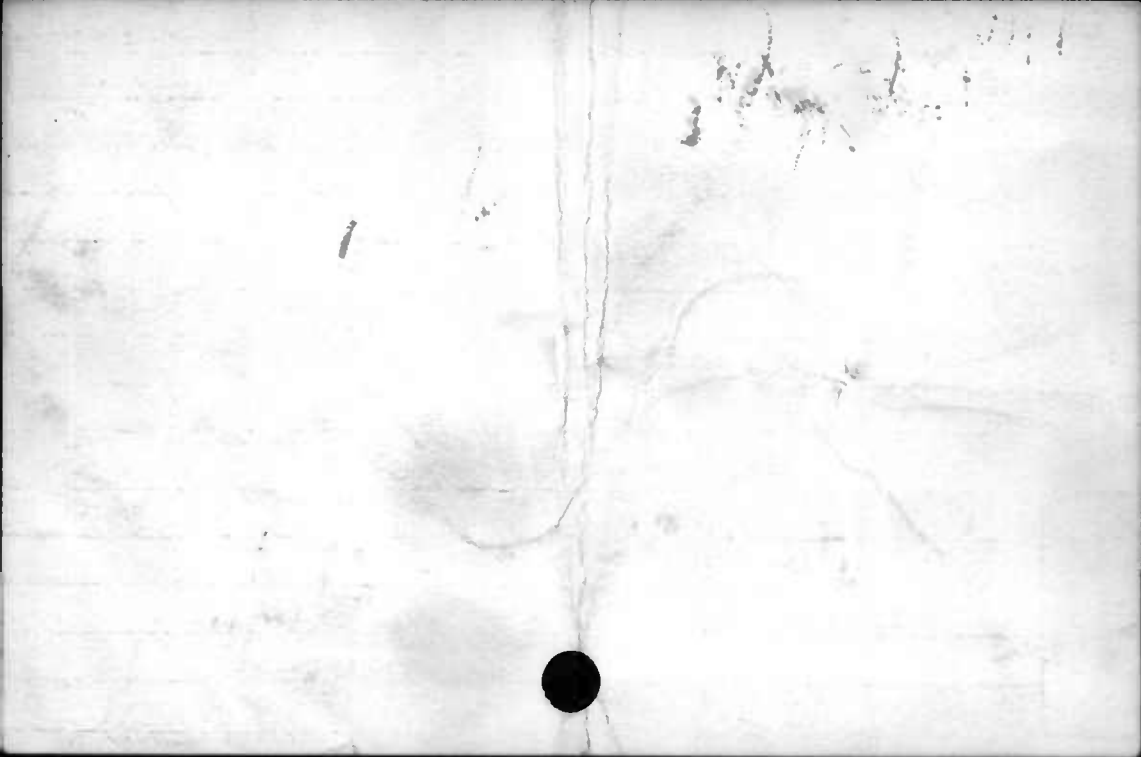
TO BE ANSWERED BY  
NEAREST FRIEND

|                                       |                  |                 |  |                      |       |                            |            |
|---------------------------------------|------------------|-----------------|--|----------------------|-------|----------------------------|------------|
| Died at                               |                  | Town<br>Hancock |  | County<br>Washington |       | MARYLAND                   |            |
| Date<br>of death                      | 1906             | Month<br>Jan    | Day<br>30                                  | Age<br>63            | Years | Months<br>—                | Days<br>16 |
| Sex                                   | Female           |                 | Color or<br>Race                           | White                |       | Birth-<br>place            | Hancock    |
| Occupation                            | Farmer           |                 | Where Residing if not<br>at place of death |                      |       |                            |            |
| Married, Single<br>or Widowed         | Widow            |                 | Name of Wife or<br>Husband                 | Alfred P Watter      |       |                            |            |
| Father's<br>Name                      | Isaiah H. Watter |                 |  |                      |       | Father's<br>Birthplace     | Hancock    |
| Mother's<br>Maiden Name               | Elizabeth Fisher |                 |  |                      |       | Mother's<br>Birthplace     | Hancock    |
| Name of person giving<br>In formation | Mae L Watter     |                 |  |                      |       | How related<br>to deceased | Daughter   |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |                     |                           |          |     |
|---|---------------------|---------------------------|----------|-----|
| Primary   | Congestion of Liver |                           | How long | 114 |
| Immediate   |                     |                           | How long |     |
| Are the name, age, sex, color, date<br>and place correctly given above? |                     | Signature of<br>Physician |          |     |
|   |                     | Address                   |          |     |
|   |                     | Hancock<br>Md.            |          |     |
| Accident or Suicide?  |                     |                           |          |     |



Name  
In  
Full

Samuel Irwin Willett 281

CERTIFICATE OF DEATH

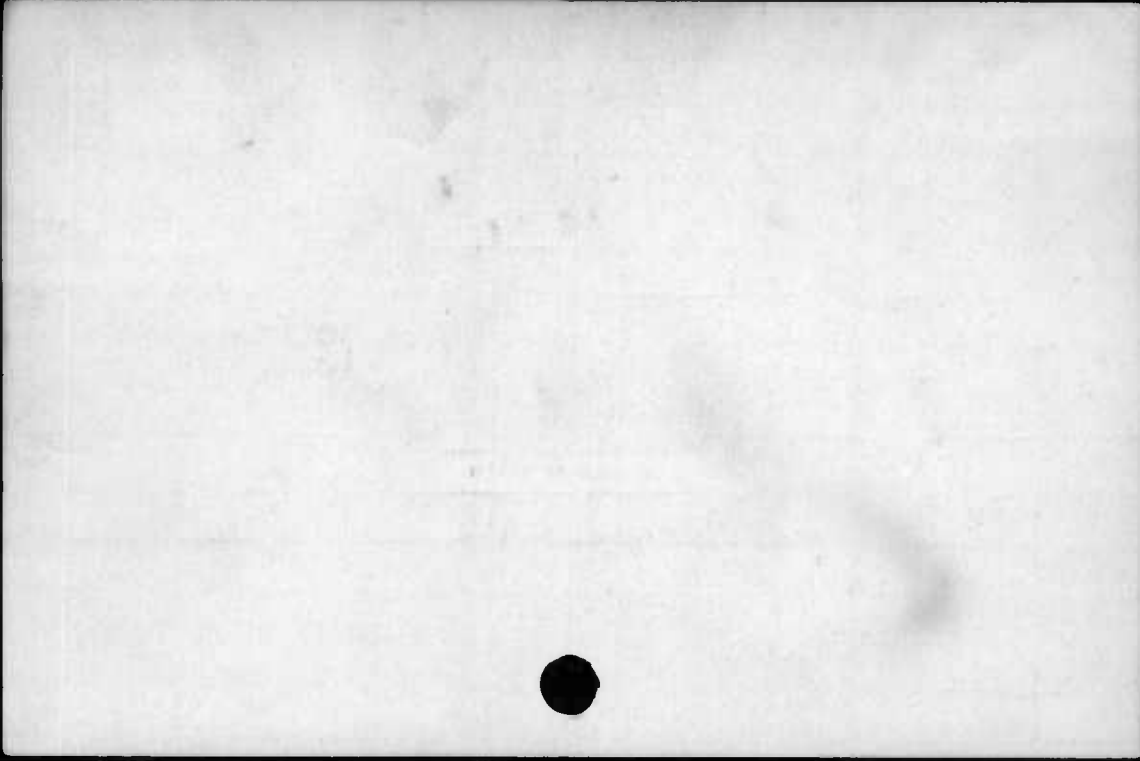
TO BE ANSWERED BY  
NEAREST FRIEND

|                                       |      |                      |                  |  |              |                 |              |
|---------------------------------------|------|----------------------|------------------|--|--------------|-----------------|--------------|
| Died at                               |      | Town<br>Williamsport |                  | County<br>Washington                       |              | MARYLAND        |              |
| Date<br>of death                      | 1906 | Month<br>Jan         | Day<br>31        | Age  | Years<br>+21 | Months<br>2     | Days<br>+21  |
| Sex                                   | Male |                      | Color or<br>Race | White                                      |              | Birth-<br>place | Williamsport |
| Occupation                            |      |                      |                  | Where Residing If not<br>at place of death |              |                 |              |
| Married, Single<br>or Widowed         |      | Single               |                  | Name of Wife or<br>Husband                 |              |                 |              |
| Father's<br>Name                      |      |                      |                  | Samuel S. Willett                          |              |                 |              |
| Mother's<br>Maiden Name               |      |                      |                  | Annie S. Stull                             |              |                 |              |
| Name of person giving<br>In formation |      |                      |                  | Saul H. Willett                            |              |                 |              |
| Father's<br>Birthplace                |      |                      |                  | Lettles town Pa                            |              |                 |              |
| Mother's<br>Birthplace                |      |                      |                  | Thurmont Md                                |              |                 |              |
| How related<br>to deceased            |      |                      |                  | Father                                     |              |                 |              |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |              |              |        |
|---|--------------|--------------|--------|
| Primary   | Malnutrition | How long     | 6 wks  |
| Immediate   | Pneumonia    | How long     | 3 days |
| Are the name, age, sex, color, date<br>and place correctly given above? |              | yes          |        |
| Signature of<br>Physician   |              | J. M. Hootz  |        |
| Address   |              | Williamsport |        |
| Accident or Suicide?  |              |              |        |



Name  
in  
Full

Florence C. Wilson No 280

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |   |                                  |          |  |            |             |           |
|---|---|----------------------------------|----------|--|------------|-------------|-----------|
| Died at   |   | Town<br><i>Williamsport</i>      |          | County<br><i>Washington</i>                      |            | MARYLAND    |           |
| Date<br>of death 190  | 6 | Month<br>1                       | Day<br>7 | Age<br>X   | Years<br>9 | Months<br>3 | Days<br>3 |
| Sex<br><i>Female</i>  |   | Color or<br>Race<br><i>White</i> |          | Birth-<br>place<br><i>Cumberland, Md.</i>        |            |             |           |
| Married, Single<br>or Widowed                                       |   |                                  |          | Occupation                                       |            |             |           |
| Name of Wife or<br>Husband  |   |                                  |          |  |            |             |           |
| Father's<br>Name<br><i>Chas. T. Wilson</i>                          |   |                                  |          | Father's<br>Birthplace<br><i>Cleveland, Ohio</i> |            |             |           |
| Mother's<br>Maiden Name<br><i>Ida. Braddon</i>                      |   |                                  |          | Mother's<br>Birthplace<br><i>Youngstown "</i>    |            |             |           |
| Name of person giving<br>In formation<br><i>Father &amp; Mother</i> |   |                                  |          | How related<br>to deceased                       |            |             |           |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary<br><i>Bronch Pneumonia</i>                                      | How long                                       |
| Immediate<br><i>Exhaustion</i>  | How long                                       |
| Are the name, age, sex, color, date<br>and place correctly given above? | Signature of<br>Physician<br><i>J. M. Hurt</i> |
|   | Address<br><i>Williamsport<br/>Md.</i>         |
| Accident or Suicide?  |  |

J. M. Miller

Cleveland

Ohio



|   |   |                                    |  |                     |                                    |
|---|---|------------------------------------|--|---------------------|------------------------------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND                   | Died at <i>Washington</i> Town <i>Dash</i> County |                                    | MARYLAND   |                     |                                    |
|   | Date of death <i>1906</i>                         | Month <i>Jan</i>                   | Day <i>17</i>  | Age <i>79</i> Years | Months <i>9</i> Days <i>26</i>     |
|   | Sex <i>Female</i>                                 |                                    | Color or Race <i>White</i>                                 |                     | Birth-place <i>Chambersburg Pa</i> |
|   | Occupation <i>Widow Farmer</i>                    |                                    | Where Residing if not at place of death <i>Fairview Md</i> |                     |                                    |
|   | Married, Single or Widowed <i>Widow</i>           |                                    | Name of Wife or Husband <i>Margaret</i>                    |                     |                                    |
|   | Father's Name <i>Jacob Andrews</i>                |                                    | Father's Birthplace <i>Chambersburg Pa</i>                 |                     |                                    |
|   | Mother's Maiden Name <i>Margaret Andrews</i>      |                                    | Mother's Birthplace <i>Greencastle Pa</i>                  |                     |                                    |
| Name of person giving information <i>John Michael</i> |   | How related to deceased <i>Son</i> |  |                     |                                    |

|                               |   |   |
|-------------------------------|---|---|
| PHYSICIAN<br>OR CORONER       | CAUSES OF DEATH   |   |
|                               | Primary <i>Old Age</i>  | How long <i>154</i>                             |
|                               | Immediate <i>General Debility</i>   | How long <i>—</i>                               |
|                               | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>D. C. Miller M.D.</i> |
|                               | <i>a Maryann undertaker</i>   | Address <i>Victoria + Bivona Pa.</i>            |
| Accident or Suicide? <i>—</i> |   |   |

1906- 1- 17  
1526- 3- 21

2  
26

---

99- 10- 26

Name  
in  
Full

Whilber Aldine Holl 21/1/10

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |                            |                          |   |                 |               |
|---|----------------------------|--------------------------|---|-----------------|---------------|
| Died at <i>near Cavetown</i>                        |                            | County <i>Washington</i> |   | MARYLAND        |               |
| Date of death <i>1906</i>                           | Month <i>1</i>             | Day <i>25</i>            | Age <i>-</i>  | Months <i>2</i> | Days <i>4</i> |
| Sex <i>Male</i>                                     | Color or Race <i>White</i> |                          | Birth-place <i>near Cavetown</i>                    |                 |               |
| Occupation <i>none</i>                              |                            |                          | Where Residing if not at place of death <i>..</i>   |                 |               |
| Married, Single or Widowed                          |                            |                          | Name of Wife or Husband <i>none</i>                 |                 |               |
| Father's Name <i>W. J. Holl</i>                     |                            |                          | Father's Birthplace <i>Wash. Co. Md</i>             |                 |               |
| Mother's Maiden Name <i>Susan Margaret Quinn</i>    |                            |                          | Mother's Birthplace <i>Lyncoln Co. North Dakota</i> |                 |               |
| Name of person giving information <i>W. J. Holl</i> |                            |                          | How related to deceased <i>Father</i>               |                 |               |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Tuberculosis</i>   | How long <i>2 weeks</i>                                 |
| Immediate   | How long  |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Geo. B. Horner Undertaker</i> |
|   | Address <i>Smithsburg Md.</i>                           |
| Accident or Suicide?  |   |

